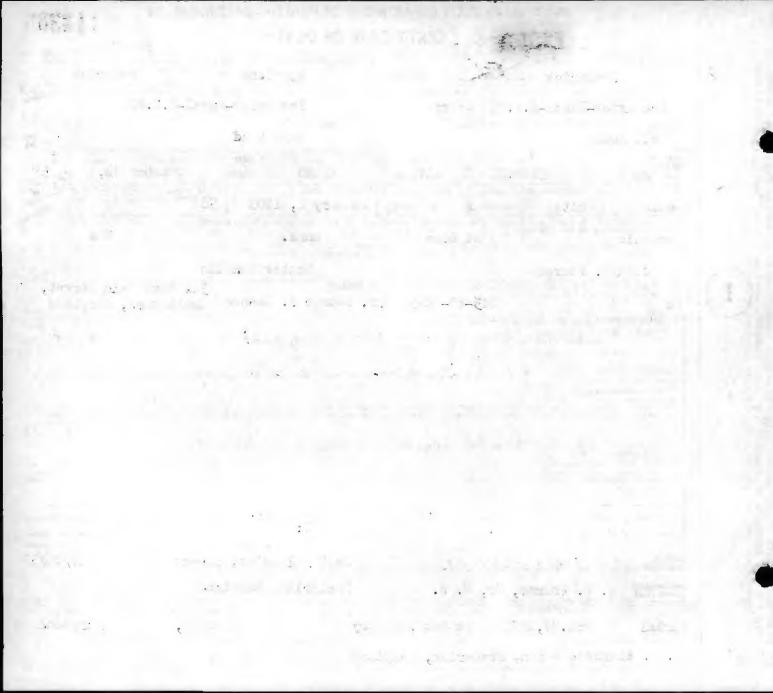
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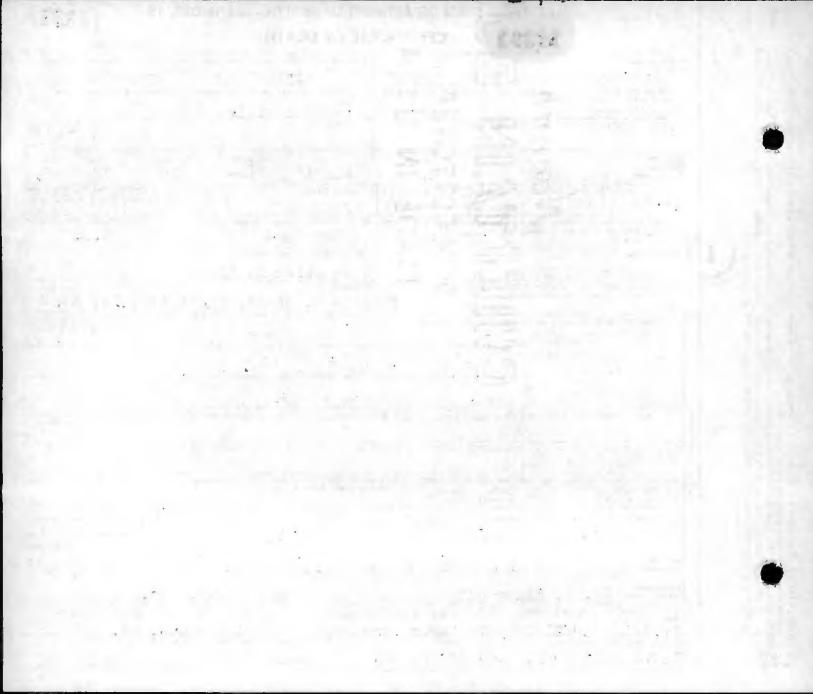
ICA	TE	OF	DEATH			
				Reg.	Dist.	No

)	1. PLACE OF DEATH a. COUNTY	rederick		MARYLAND		STATE Mary.		d lived. If institution b. COUNTY	Fred			ian)
	b. CITY OR TOWN RURAL ond give Freder:	(If autside corporate limit nearest lown) ICK-Rural-R	b.#2 C. LENGTI	H OF STAY IN 16	c.	CITY OR TOWN (IF C		Rural_R.		ive neo	rest town)
	d. NAME OF HOS OF INSTRUTION	PITAL (If not in haspital, gi	ve street address)		į d.	STREET ADDRESS Ball	Road					FARM?
	3. NAME OF DECEASED (Type or print)	Fin BES		Middle LAVINA		ADAMS	4. DATE OF DEATH	Oct		24, Day		rear 1959
	s. sex Female	6. COLOR OR RACE White	7. MARRIED NE	VER MARRIED DIVORCED		uaby 6, 1	903	9. AGE (In years sast birthdoy) yrs.	Months	Days	Hours	R 24 HRS. Min.
	10a. USUAL OCCUPA during most of w Domestic	TION (Give kind of work of orking life, even if retired)	one 10b, KIND OF B		STRY 1	Penna.	or foreign o	ountry)	12. CITI)	USA	WHATC	OUNTRY?
	13. FATHER'S NAME John	R. Thorpe			14. /	MOTHER'S MAIDEN I	NAME r Conk	din				
)	15. WAS DECEASED E	VER IN U. S. ARMED FORG			NFORM	deorge L.	Danner	311 Ba				-
		EATH (Enter only one con EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	1000	b). ond (c).]	ec	clini	n			ONS	RVAL BET	DEATH
	Conditions, if gave rise to couse (a), statin lying cause los	g the under-	Ghu Co	mho) L	4	& Oure	when C	Deser			2-3-	
0	PART II. CO	THER SIGNIFICANT CON	DITIONS CONTRIBUTI	ING TO DEATH BUT	NOT R	ELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	Γ1(a) 1	PERFO	RMED?
		VAS UNDERLYING ☐ IG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESCRIBE HOW	/ INJURY OCCURRE	D. (Ente	er nature of injury in	Part I or Par	t II of item 18.)				
	20c. TIME OF INJ	10	T 20d, INJURY OCC While Not wo	while fo		INJURY (Home, fam reet, office bldg., etc		y ar town)	(C	ounty)		(State)
	21. I certify alive an	that I attended the 0 - 2 f		7 - Z and that death		rred at [150]	_M, fram ADDRESS (S	the causes an ireel, city or town,	d on the		stated	
	PHYSICIAN'S NAME (Type)		, Jr, M.	-		Frederick,						
	220. BURIAL, CREMAT REMOVAL (Speci Burial	Oct .27,19	59 Bet	hel Cemet			Ca	TION (City, fown,			aryle	
	M. R. Et	chison & Son	, Frederic		and		D BY REGIST	150	STRAR'S SIC			



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등 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Poge 4	may be retain by the hospital or ottending physician.	e filed
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PITAL	ERAL	3 shou
HOS	FUN P	page 3 should be detached for use as the burial-transit permit. Then please remove carbon page the registrar priar to burial, cremation, or removal, and in any event within 72 hours ofter death.
VS TO	A15	(4)
15/	W 9/5	8

		113	33	CERT	IFICA	IE OF D	EAI	П			Reg. D	ist. No.		
o. COUN	rederi	.ck		MAR	YLAND	2. USUAL RESID	ence (waryl	-	d lived. If in b. COI	Stitutio	n: Reside	nce befor	re admis	sion)
RURAL	and give neare		ls, write	c. LENGTH OF STAY	IN 1b	17 TO		autside corpo						n)
d. NAME	kittsv of Hospital Istitution	(If not in haspital, g	ive street a	years ddress)		/ d. STREET A	N V W	ville				1	e. IS RES	SIDENC A FARM
3. NAME O DECEASE (Type or	D	Nina	si	Middle H •	e	Ahali		4. DATE OF DEATH		Moni 10	th	18		Year 1959
s. sex fema			7. MARRIE	ED NEVER MARR		1/25/	1885		9. AGE (In)	years day) yrs.	IF UNDE	R 1 YEAR Days	Haurs	-
during	OCCUPATION most of working WITE	(Give kind af wark of life, even if retired)		own home	OR INDUS		ylan		auntry)		12.CI	U.		OUNT
FATHER"	SNAME					14. MOTHER'S	MAIDEN	NAME						
	Oliver	Hightme	an			Не	elen	A. H	ixon					
15. WAS DE		U. S. ARMED FOR		OCIAL SECURITY NO		FORMANT	4.7.	7.4	D1-4	Addr		-	3.63	
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OR COI	ER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)	r 20d. IN.	JURY OCCURRED	20e. PLA	CE OF INJURY (Home, far	m, 20f. (City				(County)		(St
WED WED	our a.m. p.m.	19	While of work	Nat while	Toci	ary, street, affice	Diag., el	c.]						
alive ACTUAL SIGNAT PHYSIC NAME (URE	J. Eli	ner H	9, and that Your Harp	,	accurred at	10 49 me	ddlet.	the cause treet, city or Hoo	town,	slate)	le date	stated DAT	d abo
REMOV biir	AL (Specify)	10/21/19	959	utheran ADDRESS	-	etery	240 RFC		dleto	wn			(Stat	re)
Glad			Midd	lletown,	Md.		DATE O				hun &			
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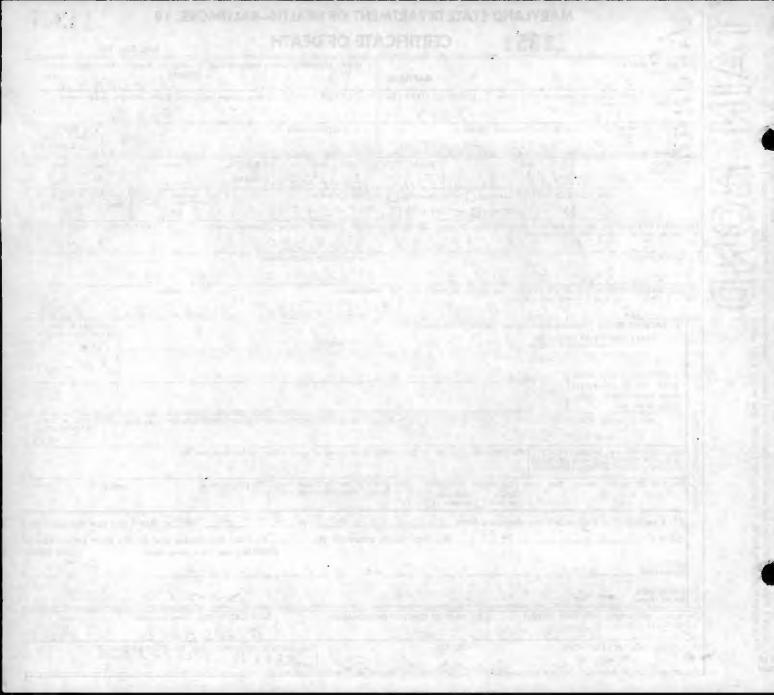


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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	11353	CERTIFIC	ATE OF DEATH		Reg. Dis	it. No.	
	PLACE OF DEATH a. COUNTY FROM FROM FROM FROM FROM FROM FROM FROM	MARYLAND	2. USUAL RESIDENCE (Whe		If institution: Residence	before adm	ission)
	FREDERICK	IGTH OF STAY IN 16	C. CITY OR TOWN (IF OU XUNION B)	rside corporate lin	nits, write RURAL and g	give nearest to	wn)
	d. NAME OF HOSPITAL (It not in hospital, give street address OR INSTITUTION FREDERICK MEMORIAL HO	SPITAL	d. STREET ADDRESS			ON	A FARM?
	NAME OF DECEASED (Type or print) HARRY THE	RNTEN	ANDERS	4. DATE OF DEATH	Act.	Doy 12	Yeor 19.5 9
	6. COLOR OR RACE 7. MARRIED WIDOWED 12-	NEVER MARRIED	B. DATE OF BIRTH OCT 7-1871	9. AG	E (In years IF UNDER	Days Hour	
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER FA	RMING	MARYLA	r foreign country)	12. CITI	US/	T COUNTRY?
	FATHER'S NAME WILLIAM H ANDE	ER5	CLARISSI	2 C	REAGER		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) NON	SECURITY NO. 17.	HICE STITE	LY LIN	Address ION BRIDG	EN	URAL
	18. CAUSE OF DEATH [Enter only one couse per line for (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Loute	0	Kronbosia			INTERVAL ONSET AN	BETWEEN D DEATH
	gave rise to immediate couse (a), stating the <u>under-</u>	reluitie 60	erder Vascular	Desia	al	Asoc	algue
CERTIFICATION	Carrette	BUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	IAL DISEASE CON	DITION GIVEN IN PART	PERF	S AUTOPSY ORMED?
	206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE H OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRI	ED. (Enter nature of injury in Pa	ort I ar Port II af i	item 18.)		
MEDICAL		OCCURRED 20e. Pl al while work	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or tov	√m) (C	ounty)	(State)
	21. I certify that I attended the deceased fro alive an Oct 12, 1959 ACTUAL SIGNATURE		accurred at 6115 F	M, from the DORESS (Street, cl		ast saw the	deceased ted above DATE SIGNEE
	PHYSICIAN'S ERNEST A. DE	ETTBARN	/	True	ighed		
220	BURIAL CREMATION, 22b. DATE THEREOF 22c. P. SEMOVAL (Specify) OCT 15-1959	THOPE	DR CREMATORY	WOOD	City, town, or county) SBORO	(St	mo MD
23.	EUNERAL DIRECTOR'S SIGNATURE AND HENTELLE Y LOSSE (BRIEG)	Bridge.	Md DATE CT	BY REGISTRAR 1 6 '59	24b REGISTRAR'S SIG	NATURE	



e funeral director, sould be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificals be executed within 24 hours offer death. Poge 4

may be retained by the haspital or attending physician.

D FUNERAL CATOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shaving all detached for use as the burial-transit permit. Then please remave earbon papers. Pages 1 and the registrar priar to burial, crematian, ar remaval, and in any event within 72 hay's ofter death.

TO FUNERAL

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

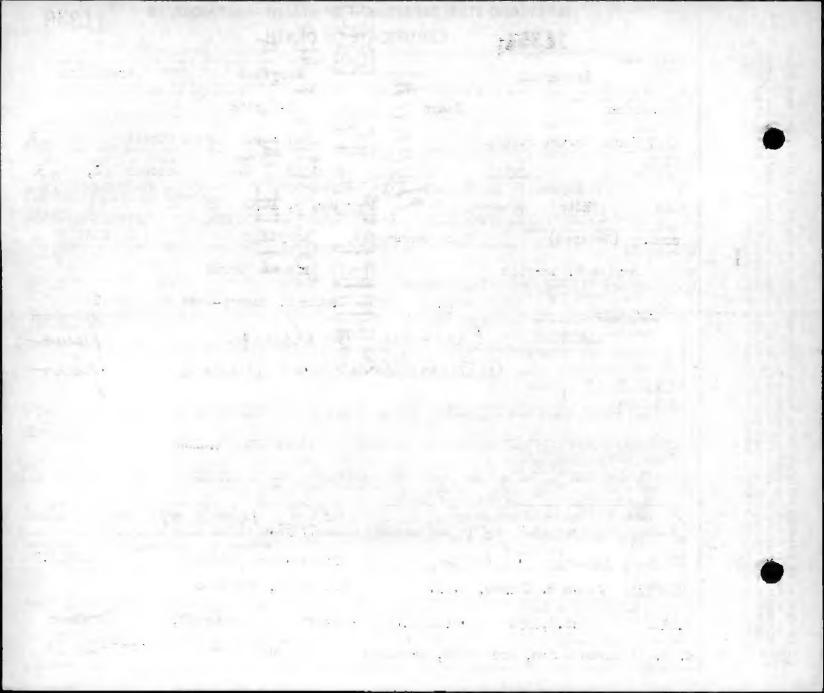
DEATH

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Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Frederick	:	MARYLA		2. USUAL RESID a. STATE	Mary		d lived. If instituti b. COUNTY			re odmiss rick	ian)
b. CITY OR TOWN (RURAL ond give n Frederick		s, write	c. LENGTH OF STAY IN Years	116	c. CITY OR TO		erick	rate limits, write R	URAL ond	give ne	arest town	1)
OR INSTITUTION	TAL (If not in hospital, g h Market St		oddress)		d. STREET AC		orth 1	larket St	reet			FARMS NO
3. NAME OF DECEASED (Type or print)	Fin CHA	RLES	Middle HENRY		BARR.	ICK	4. DATE OF DEATH	Mor Oct	ober	2	3	Yeor 59
5. SEX Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED		DATE OF BIRTH ebruary		870	9. AGE (In years 8 birthday) yrs.	Months		Hours	R 24 HRS. Min.
during most of wor	ON (Give kind of work of king life, even if refired)	lane 10b.	kind of Business or Farm Owner			CE (Stote Maryl		ountry)	12. CIT	US		OUNTRY?
13. FATHER'S NAME	es W. Barri	ale			14. MOTHER'S		a Nor	ris				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INF	ORMANT	Lann	11011	Add	ress	-	_	
(Yes, no, or unknown) No	(If yes, give wor or dates of se	rvise)	None	Mis	s Hatti	e M.	Bucke	y-Same as	s Item	n #2		
gave rise to it cause (a), stoling lying cause lost. PART II. OTI 200. ACCIDENT W. OR CONTRIBUTING (IJF EITHER, NOTIFY	the <u>under.</u> DUE TO (c) HER SIGNIFICANT CONI	DITIONS C	ONTRIBUTING TO DEAT						/EN IN PAI	RT 1(o)	PERFO	AUTOPSY PRMED? NO X
	CAUSE OF DEATH	200. DE30	CRIBE HOW INJURY OCC	ORRED.	Triner nature of	inforty in a	di i di i di	i ii di nen io.j				
Y 20c. TIME OF INJUI Haur a.m. p.m.	RY Manth, Doy, Yeo	While	NJURY OCCURRED Not while t at wark	De. PLAC facto	E OF INJURY (H ry, street, office	lame, form bldg., etc.	, 20f. (City	ar town)	((Caunty)		(State)
21. I certify the alive are actual signature Physician's Name (Type)	James B. T	The	man,	eath a	D. Profe	:45A. ssior	M, fram ADDRESS (S	ilding	d an th		e stated	
220. BURIAL, CREMATIC BURDAL (Specify	Oct .5,19		Mount Oli	ery or o	Cemeter	У	22d. LOCAT	derick,	ar county)	Mar	ylan	id
23. FUNERAL DIRECTOR M. R. Etch:		Fred	ADDRESS lerick, Mary	land		240, REC'	CT 6		STRAR'S SI			



ARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALT	IMORE,	18
						,	

CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Frederikk Frederick Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) months Rural Middletown Middletown Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE alley View Nursing ON A FARM YES NO NAME OF 4. DATE Middle Month Year DECEASED 1959 Minnie Beachlev DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH Last birthday) Months Hours Days 9/26/1901 female white WIDOWED | DIVORCED IX 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. Maryland housewife own home 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cora Nash Frank Beachley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (If yes, give war or dates of service) Charles Beachley, Middletown, Md. none no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH FART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0.0 While Not while ot work at work 21. I certify that Lattended the deceased from That I last saw the deceased M, from the causes and an the date stated above. alive an and that reath occurred at DATE SIGNED ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S NAME (Type) albott Brice ersor 220. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Lutheran Cemetery Middletown. Md burla. 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR

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Company, Middletown, Md.

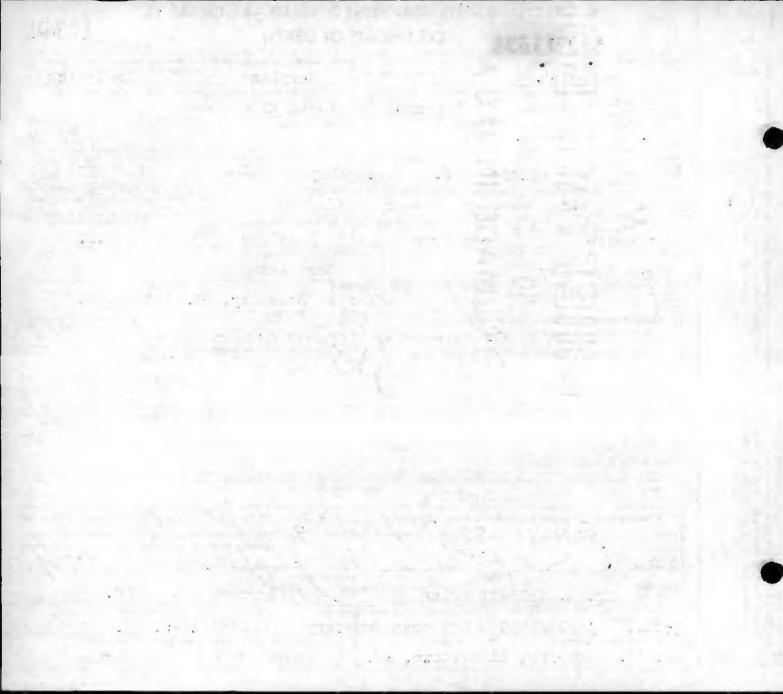


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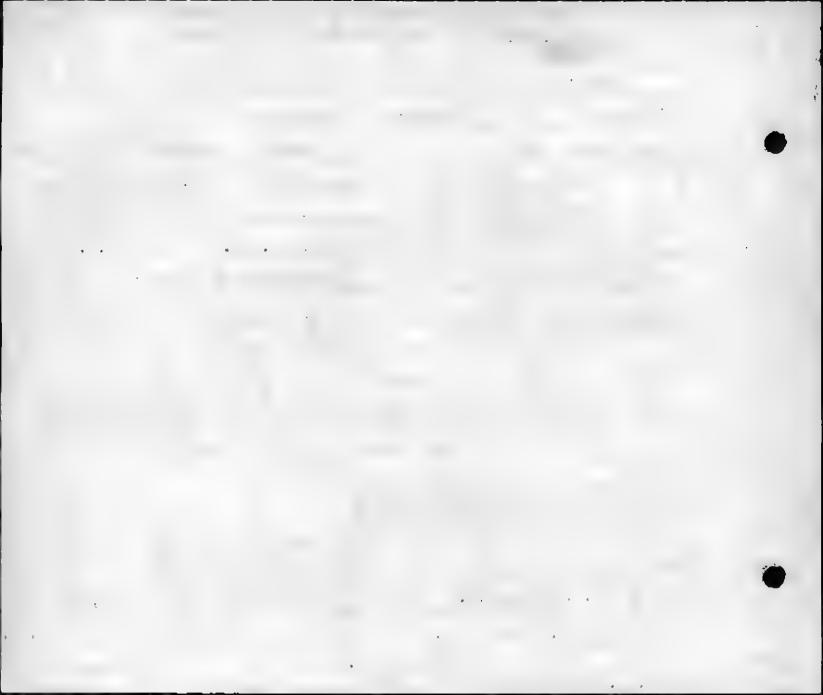
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Pog buri			emittsbu								borge numb, write	HOWER DIEG GLAS	Heorest sownj	
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uner voc egis		(Type or print)	Harry		R	Во	llinge		DEATH	Octo	ber. 9	19	59
he fine		5. S	X	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED					9. AGE (In years lost birthday)	Months Doys	R IF UNDER 2	
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d de		10a. d	iring most of working	life, even if refired)		IND OF BUSINESS OR IT	NDUSTR	Y 11. BIRTHPLA	CE (State o	or fareign e	country)	12. CITIZEN	OF WHAT CO	UNTRY?
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5- E		10.		ollinger										
24 ho Pages age 5 e pag		15.	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	Mary FORMANT	Gat	nerı	ne Ster	ner		
E B F E		(You,	No No	If yes, give wor or dates el	secuce)		111	re Res	a Word	hant	and the second	11/1	-sk	
			18. CAUSE OF DEAT	H [Enter only one co	use per line f	or (a), (b), and (c). }		4				INT	TERVAL BETWEEN	
Derri Perri			PART I. DEATH	HWAS CAUSED BY:	1 6	cute a	1. J.	elizat	2/4		notice	12	SEI AND DEATH	J-0
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5 6 0		_	couse lost.) (c)	A PRODUCTION OF A STATE	m149 + 14							
ficate Office ed os		CERTIFICATION	PARI II, OIHI	K SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH	RD1 MC	DI KELATED TO T	THE TERMIN	NALD SEAS	E CONDITION GIV	EN IN PART 1(o)	PERFORME	IOPSY ED?
pend pend per's se us		FIE	20a. EXTERNAL CAUSE OF DEATH.	E WAS	Ob. DESCRIBE	HOW INJURY OCCURR	ED. (En	ter nature of inju	ury in Port	i or Part 11	of item 18.)		3	<u> </u>
d bi		-	CAUSE OF DEATH.	KIBOTHAO EL										
wor Shot		MEDICAL	20c. TIME OF INJURY	Month, Day, Ye	ar 20d, II While	NJURY OCCURRED 20e	PLACI	E OF INJURY (He y, street, office b	ome, form,	20f. (City	y or town)	(County)	(5	State)
AIN the dico		-	p. m.	19	of wor	k at work				1.				
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Chie		-	deoth resulted	from: Notural	couses of	, Accident ,	Suic	ide 🔲, Ho	omicide	, U.	ndetermined o	ause 🔲.		
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DEPUTY MEDICAL ute the control of the Ch remarde he Ch FUNERAL ECTO	1		EXAMINER'S NAME (Type)	B.O. Thor	nas,M	.D.				XAMINER 1	_	ber IO	.1959	
# \$ \$ £ £ £		220.	SURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THERES	OF	22c. NAME OF CEMETER	Y OR C	REMATORY		22d. LOCA	TION (City, town, o		(State)	
5 , 5 ,			Burial	Oct.12	1959	Mt. Vie	w C	emeter	У	Emmi	tsburg,	Freder	ick C	o.Me
VS. A15ME(5)		23. [UNERAL DIRECTOR'S	SIGNATURE	**	ADDRESS				BY REGIST		TRAR'S SIGNATI		
5M 9/55	1		Liese		im E	mmit e burg	, M	a.	DATE D	CT 13	59 C	rilung & the	THE STATE OF THE S	
			C. E.	Wilson										



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	:1339
			Item 8. See: Certificate Of DEATH Reg. Dist	4 - 2
director,	* 2 jea	1.	PLACE OF DEATH O. COUNTY THE DEFICE MARYLAND 2. USUAL RESIDENCE (Where deceased lived It institution: Residence of STATE) J. COUNTY B. COUNTY	before admission)
De a	K	r	b. CITY OR TOWN (If outside corporate limits, write RURAL and give gearest Jown). C. LENGTH OF STAY IN 1b c CITY OR TOWN UP outside corporate limits, write RURAL and give gearest Jown).	ve nearest town)
rrs after de fun			d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION. - (Ederick Memorial Hospital) - (Ederick Memorial Hospital)	e IS RESIDENCE ON A FARM? YES NO
illed in			NAME OF DECEASED (Type or print) AUSTIN HOMAS BOWIE DEATH OCTUBE 1/2	Day Year 1957
d within S sletely fill rs. Pages		S. :	A THE THE PARTY OF	YEAR IF UNDER 24 HRS Doys Hours Min 7
and camp ban paper	1	100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country), during most of working life, even if retired)	ZEN OF WHAT COUNTRY?
rtificate be physician ar mave carbo hours after		13.	FATHER'S NAME HUStin N. Bowie Esther L. Summers	
		1\$. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [If yes, give wor or dates of service) Address E5 16 EC 1001 E 44	PARUEL APT
he death ce attending en please re at within 72			18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prelectary A Remains	INTERVAL BETWEEN ONSET AND DEATH
is that to do by the mit. The pay ever			Conditions, if any, which of Preme framety.	
require ian. in signe nsit per		_	Lower (a), stoting the under- (c) DUE TO (c)	
The Taw Thysic has bee rial-tra	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED? YES NO
CIAN: trending tificate tre bu		A CERTII	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item \$B.)	
PHYSI tal ar a this cer ar use a rematia		MEDICA	Hour v. m. While Not while of work of work factory, street, office bldg., etc.)	ounty) (State)
:NDING le haspi t: After ached fo vriol, c			21. I certify that I attended the deceased fram 11 bc+ 1955, to 1 0 4, 1955, that I lo alive an 11 8 1 1 M, from the causes and an the	
A ATTE			ACTUAL SIGNATURE M.D	DATE SIGNED
FITAL C FRAL Shoulistrar p			PHYSICIAN'S A.M. POWELL JR. TOLL SLOWEL A	Juraue
O HOSPITA may be ret O FUNERAL page 3 sho the registro			BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Ipwn, or county) REMOVAL (Specify) 10-13-59 BATTONS VILLE Fred, Co. M.	(Stote)
VS A15 (4) 15M 9/SS	7	23.	FUNERAL DIRECTOR'S SIGNATURE HALLES E, HICKE TECO, Ma, DATE OCT 15'59 CALLAN S A	
			1 100 V// 1	



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
· .e	11356 CERTIFICATE OF DEATH Reg. Dist. No.
director iled with	1. PLACE OF DEATH a. COUNTY MARYLAND 2 USUAL RESIDENCE (Where decegsed lived. If institution Residence before admission) o. STATE ORIO B COUNTY REDERICH
d be of	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give peorest fown) 23 15.
and the second s	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTRUCTION. 4. IS RESIDENCE ON A FARM? YES NO
illed in	3. NAME OF DECRASED (Type or print) ON A HAD EMMETT DIOLE) DEATH OF 19 19
completely fi	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1. DATE OF BIRTH 9. AGE (In years lost birthday) Manths Days Hours Min. yes. Manths Days Hours Min. yes. Manths Days Hours Min. yes. Min. yes. Manths Days Hours Min. yes. Min
e execute ond comp on pape ir death.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
physician or move carbo hours ofter	13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. 1 CAN (). +1AS+1ngS
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) 14 yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Moderate Management
e ottending en pleose a st within 72	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Q +2/2 C + 22255 ONSET AND DEATH
igned by the permit. The	Conditions, if any, which gove rise to immediate costs (a), stating the under
ohysician sis been s al-transit oval, ond	1/2 1/2
ending ficate he five buri	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.)
ol or off	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 20f. (City or town) (County) (Stote) 20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 20f. (City or town) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, form) 20f. (City or town) 20f. (City
d by the hospit CTOR: After Core detached fai ior to buriol, cr	21. I certify that I attended the deceased from 27 Oct , 19 59, to 28 Oct , 19 59, that I last saw the decease alive on 27 Coct , 19 59, and that death occurred at 1 ReM, from the causes and on the date stated above ADDRESS (Street, city or lown, stote) ACTUAL SIGNATURE MEDICAL CENTER
ERAL S shave gistror pr	PHYSICIAN'S FRED J. HELDRICH JR. FREDERICK MD.
o rough be pode 3 the registre	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Store) PREMOVAL (Specify) 10-29-59 Tark Heights (Sillmaurick Mill
VS A15 (4) * ,	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE NOV 2 159 C 11 11 8. Known
	2 2 20110



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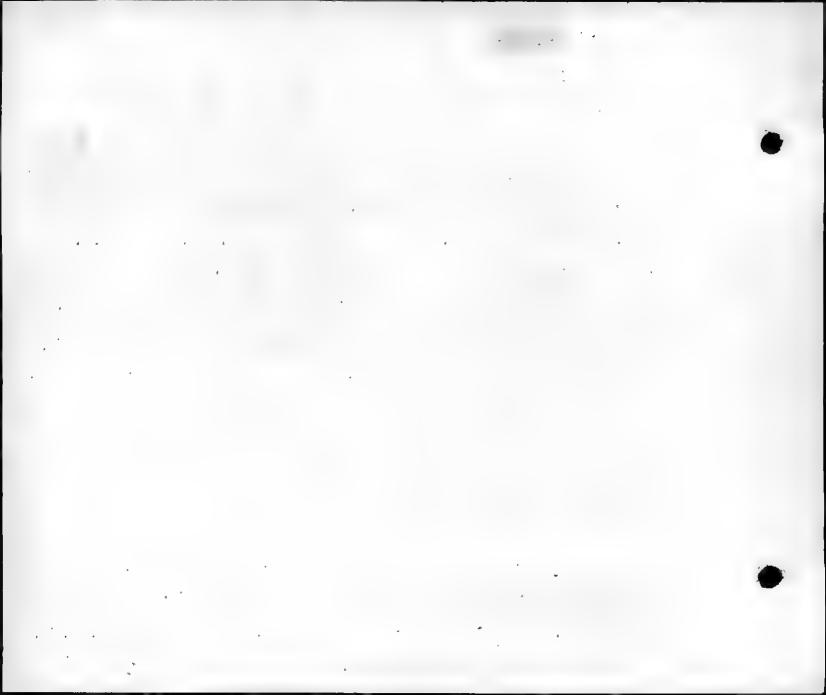
		1139	36	CERTIFIC	AIL	OF DEA	IH		Reg. Dist.	No.	
), PL o.	ACE OF DEATH COUNTY F'T	ederick		MARYLAND	2. L	sual residence (Where decease	ed lived. If institut	on Residence	before admis	sion)
Ь	CITY OR TOWN (IF RURAL and give T	outside corporate limits, orest town) - Myersvi		or stay in the years		CITY OR TOWN (If outside corp				n)
d	NAME OF HOSPITA OR INSTITUTION ROUTE	# 1	street address)			d. street address Route				ON /	SIDENCE A FARM?
DI	AME OF CEASED ype or print]	CHARLE	ES FF	Middle RANKLIN	C.	ARTEE	4. DATE OF DEATH	Oct	obe r	10	Year 1959
5. SE	x male	6. COLOR OR RACE 7	MARRIED 1	NEVER MARRIED DIVORCED		te of Birth combor, l	.97,1 99	9. AGE (In years last birthday) 88 yrs	Months Do		ER 24 HRS Min
10a.	during mast of work	N (Give kind of work doing life, even if retired) FATMOR		F BUSINESS OR INI	DUSTRY	Frederi	_			A.	COUNTRY?
13. F	ATHER'S NAME				14	MOTHER'S MAIDEN	NAME				
	Frisb	y Cartee				Louis	a Gro	ssnickl	е		
15 VA (Yes, (IN U. S. ARMED FORCE If yes, give war or dates of servi	ice)		infor Gra	yson F.	Carte		ress sville	, Ma	
	PART I, DEAT ### 2 2 ./ Conditions, if on gove rise to in couse (o), storing to lying couse lost.	he under-				r-orrhag tic card		cular d			lays rs.
RTIFICATION	PART SI. OTH	FR SIGNIFICANT CONDITION S UNDERLYING TO CAUSE OF DEATH OF CAUSE OF DEATH MEDICAL EXAMINER				RELATED TO THE TER			VEN IN PART 10	PERFO	AUTOPSY DRMED?
- L		Month, Doy, Year		t while	PLACE C	F INJURY (Home, fo	orm, 20f (Cit	y ar town)	(Cou	nty}	(State)
4	actual	ot I attended the d 10-5-59 Charles				, 19, ta urred at <u>3:30</u>	AM, fram		nd an the d	ate state	d abave. TE SIGNED
^	THE (TYPE)		Hess				hsbur				<u>-</u>
	BURIAL, CREMATION REMOVAL (Specify) BUTIAL JNERAL DIRECTOR	Oct.12.	1959	AME OF CEMETERY Grossni DDRESS rsville	ckl	e's l		TION (City, town. TS VI 1 1 6 TRAR 245 REG			

may be retained by the haspital or attending physician.

D FUNERAL CTOR: After this certificate has been signed by the ottending physicion and completely filled in the funeral director, page 3 shauled detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremotion, or removal, and in any event within 72 hour offer death OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after death. Page 4 TO FUNERAL TO HOSPITAL VS A15 (4) 15M 9/5B

19

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VS A15 (4) 15M 9/III

				Reg. DIST. 140.	
PLACE OF DEATH COUNTY Frederick		Maryland	ived. If institution b. COUNTY	Residence befor	A
b. CITY OR TOWN (If outside corporate limits, write RURATHOR TRUTHONT rural 50	yrs. X	Town (If outside corpore Thurmont		RAL ond give neo	rest town)
d. NAME OF MOSPITAL (If not in hospitot, give street address) OR INSTITUTION Own home	d STREET	ADDRESS			ON A FARM? YES NO
(Type or print) William Elmer Claba	ugh	4. DATE OF DEATH	Octo		Year 19 59
5. SEX Married Never A white whowed Div	AARRIED 8 DATE OF BIR	14, 1881	A STATE OF THE STA	Months Doys	Hours Min.
100. USJAL OCCUPATION (Give kind of work done during most of working life even if retired) Orchardist Own Far	p P	ennsylvani		U.S.	A.
Joseph E. Clabaugh		s maiden name Elizabeth	Hoke		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURIT		STI Zane cu	Addre	\$5	
No It yes give war or dates of services 217-30-59	959 Mrs. Ca	rrie A. Ca	baugh		
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	ma of the	Madde		ONS	RYAL BETWEEN FT AND DEATH
5 Cheunasm of the	dovoil a	unta	CONDITION GIVE	A IN PART I(U)	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRY OCCURRED, (Enter noture	of injury in Part I or Port	l of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE Hour o. m. While Not while at work at work at work	20e PLACE OF INJURY factory, street, offi	(Home farm, 20f. (City one bldg., etc.)	or town)	(County)	(Slote)
21. I certify that I attended the deceased fram advance on 12.59, and ACTUAL SIGNATURE PHYSICIAN'S James K. Gray	that death accurred a			an the date	the deceased stated abave. DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF	CEMETERY OR CREMATORY Ridge Comet	(T) 1	on (City, town, or	county) Marylan	(Slote)
RaymondE. Creage Thurmon		24a, REC'D BY REGISTR	AR 24b. REGIST	RAR'S SIGNATUR	Ę



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director. Page or director. Page or your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is elected the cartificate, writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the functual 4 should by warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNER™ RECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Statem or its assignated agent, prior to be in our cemation, and in any great within 72 hours after death.

VS A15ME

5M 2/57

18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	. 3	{	S.	10
	L	U	X	J

	11387	OAE EXAMINER	O CERTIFICATION		Reg. Dist. No.				
PLACE OF DEATH O. COUNTY			11		(tution: Residence before admission)				
F	rederick	MARYLAND	Ma.	ryland b. coul	Trederick				
b. CITY OR TOWN (I	f autside carporate limits, write RUPA i)	c. LENGTH OF STAY IN 16	III.		te RURAL and give nearest town)				
Brunswic	ek	Hours	× Pt	• of Rocks					
		m hospital, give street address)	STREET ADDRESS		e. IS RESIDENCE ON A FARM				
Baltimore	& Ohio Railro	ad Yards	<u> </u>		YES NO				
3 NAME OF DECEASED	First	Middle	Lost	4. DATE Mo					
(Type or print)	THOMAS	WALTER	CLEVENGER	DEATH UCTO	ber 10, 1959				
5. SEX	6. COLOR OR RACE 7 A	AARRIED 🔝 NEVER MARRIED 🔲 B		PO3 PAGE [In years 150 perthday]	IF UNDER IYEAR IF UNDER 24 HR Months Days Hours Min.				
Male	1		August 17, 19		i. Months Days Proofs Mill.				
10a, USUAL OCCUPATION of works	ON (Give kind of work done ng life, even if retired)	106. KIND OF BUSINESS OR INDUST		or foreign country)	12. CITIZEN OF WHAT COUNTR				
Brakeman		Railroad	Maryland		USA				
13. FATHER'S NAME	37. 3 1 (73		14. MOTHER'S MAIDEN N						
	omas Walter Cl			Lula Hardesty					
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If you, give wer or defea of service)		NFORMANT	Addre	14 - 6				
No		Unk L	Irs. Melva Cl	evenger (Sam	e as item #2)				
	TH [Enter only one couse pe	The state of the s			ONSET AND DEATH				
PARI I. DEA	TH WAS CAUSED BY: DIMMEDIATE CAUSE (a)	ECAPITATION			MINUTES				
×	DUE TO								
Conditions, if a	(0)	RUSHED CHEST							
gave rise to immediate cause (a), stating the underlying DUE TO									
couse lost.) (c)								
PART II. OT	HER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION C	FIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?				
3					AE2 🚺 NO 🗌				
PRIMARY LAOF CO	USE WAS 20b. DE	SCRIBE HOW INJURY OCCURRED. (I		*					
		1 Beneath Moving							
20c. TIME OF INJU	· ·	20d. INJURY OCCURRED 20e. PLA While 1 Not white foch	and the second of the second o) :	(County) (State)				
		at work [] Hall			rederick-Maryland				
		the remoins described obc		y 🛂, Inspection 🛚	X Inquiry X, and in m				
opinion death	resulted from: Natu	rol couses . Accident	🚺, Suicide 🔲, !	Homicide 🔲, Unde	termined monner				
A (07/14 A)	100				DATE SIGNED				
ACTUAL SIGNATURE	BUThe	2220	M.D. CHIEF MEDICAL EX		DAIL SIVILLE				
EXAMINER'S	D 0 @b	W D	ASSISTANT MEDIC		30 0 1 30/0				
NAME (Type)	B. O. Thomas,		DEPUTY MEDICAL		12 Oct 1959				
220. BURIAL CREMATIC REMOVAL (Specify Burial	ON, 276 DATE THEREOF	22c NAME OF CEMETERY OR		22d. LOCATION (City, fowr					
	10-13-59	St. Paul's Ce			cks, Maryland				
23. FUNERAL DIRECTOR M. P. Eta		Frederick, Maryla			SISTRAR'S SIGNATURE				
THE ALE TOUC	THE OUT OF DOLLS	LICHCLITON BOTATATS	ALIU DATE U	1 3 00					



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	1139	25	CERTI	FICA	ATE OF D	EAT	1		Reg. Dist. N	10.	347
PLACE OF DEATH	derick		MARY	LAND	- CTATE	ence (Wharyla	nd		on. Residence be Frederi		rission)
Frederick-	If outside corporate lime egrest lown) RD#2	Is, write	7 Years	IN 1b			ick-Rura	. 44 -	JRAL and give	nearest to	wn)
d NAME OF HOSPI OR INSTITUTION Near Urban	TAL (If not in hospito), g L a	ive street o	oddress)		d. STREET A		rbana			ON	RESIDENCE A FARM? NO
3 NAME OF DECEASED (Type or print)	FORI		Middle DOFFLE	IR.	COVELL		4. DATE OF DEATH	Mont		Doy	Year 19 5 9
5. SEX Male	6. COLOR OR RACE	7. MARRI WIDOWE	ED NEVER MARRIE		B. DATE OF BIRTH		9. A0	GE (In years t birthdoy) 74 yrs.	Months Day		
100 USUAL OCCUPATION OF WORK Retired—B	ON (Give kind of work king life, even if ratired see Keeper	done 10b. I	CIND OF BUSINESS OF			ACE (State)	12. CITIZEN USA		TCOUNTRY
3. FATHER'S NAME Jonathan	F. Covell	•			14 MOTHER'S						
IS. WAS DECEASEDEVE [Yes, no, or unknown]	ER IN U. S ARMED FOR (If yes, give war or dotes of s	CES? 16 S	None		NFORMANT S. Lola	R. Co	vell (Sa	Addr ne as)	
	the under-	Chi	Cuho	len	ral VI	iser	lew De	laces.			BETWEEN ND DEATH
CATIC	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TUB HT	NOT RELATED TO	THE TERMI	NAL DISEASE CON	NDITION GIV	EN IN PART 1(o	. bes	S AUTOPS FORMED?
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DESC	RIBE HOW INJURY OF		,			item 18 }			
ZOc. TIME OF INJUI Hour o.m. p. m.	RY Month, Doy, Ye	While	JURY OCCURRED Not while of work	20e. PL/ fac	ACE OF INJURY (I tary, street, affice	Home, form bldg , etc	, 20f. (City or to	wn)	(Caun	ly)	(5101
ACTUAL SIGNATURE	JBeury U. G. Bourn	., 19 <u>5</u>	Z, and that	death	M.D. 30 W	. All	Md.	causes an	d an the do	ate state D	decease ed abav ATE SIGNI 959
220 BURIAL, CREMAT C BURIAL (Specify	ON, 226 DATE THEREC)F	22c. NAME OF CEME Mount Oli		R CREMATORY		22d LOCATION Fraderi			(5	itate)
23. FUNERAL DIRECTOR M. R. Etc	's signature hison & Sor	, Fre	ADDRESS Ma	ryl	and		D BY REGISTRAR	1	STRAR'S SIGNA		

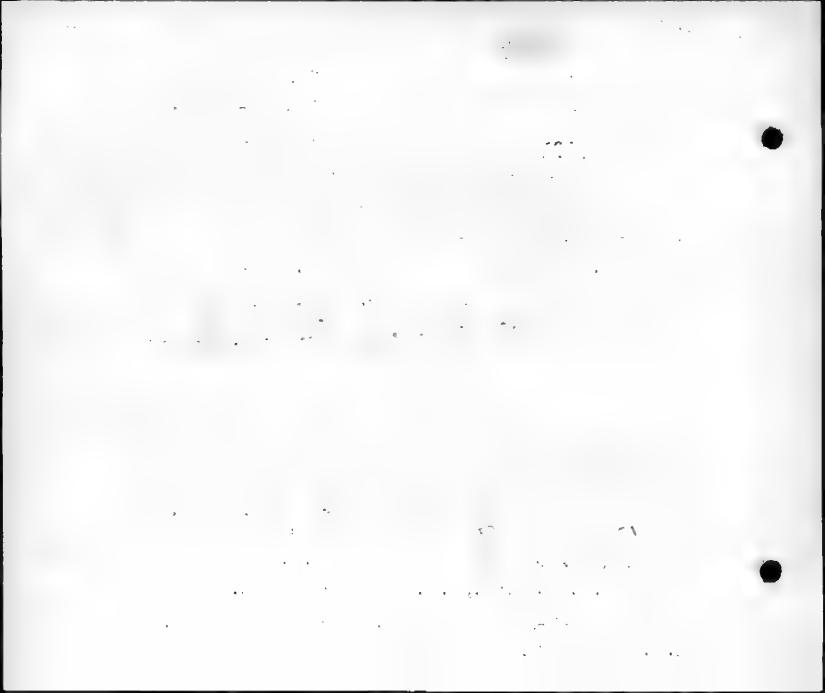
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital or attending physician.

CTOR: After this cert Frate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. moy be retor VS A15 (4) ISM 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTI	IIFICATE	}F L	汜ΑII
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	44700 -				Keg, Dist. No.
PLACE OF DEATH	11400				lution: Residence before admission)
Fr	ederick	MARYLAND	o STATE Ma	ryland b. COUN	W Frederick
b CITY OR TOWN II	f ou side corporate fim to, write RURA	e LENGTH OF STAY IN 16	c. CITY OR TOWN (F	l'outs de corporète amits, writ	e RURAL and give nearest town)
Braddock		Years	× Br	addock Heights	
	The second secon	in hospital, give street address)	Je STREET ADDRESS		e is residend ON A FARM
Maryland	Avenue		Ma	ryland Avenue	YES NO
3. NAME OF DECEASED (Type or print)	First EVELYN	Middle PAULINE	DEMCHAK	4. DATE Mon	a a a a a a a a
5. SEX	6. COLOR OR RACE 7.	AARRIED NEVER MARRIED	DATE OF BIRTH	9 AGE (In years	JEUNDER TYEAR IF UNDER 24 H
Female	White wit	OWED DIVORCED	12 May 1921	38 yrs	Months Days Hours M.n.
100 USUAL OCCUPATI	ON (Give kind of work done)	106, KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Stote	e or foreign country)	12 CITIZEN OF WHAT COUNT
Housewo		At Home	Mary	land	USA
13, FATHER S NAME			14. MOTHER'S MAIDEN	NAME	
Clar	k W. Boone		Nelli	e Lare	
	ER IN U. S ARMED FORCES		NFORMANT	Addres	a representative to the latest terminal and the latest
No No. or unknown)	(if yet, give wer ar dates of rervice	Unk Mr	Peter Demo	hak, Same as	tem #2
Conditions, if a gove rise to imme (a), storing the couse fast.	diole couse underlying DUE TO (c)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	Alnal disease condition G	IVEN IN PART 1(0) 19. WAS AUTOPS
PART II, OT	USE WAS 206 DE	SCR BE HOW INJURY OCCURRED (Enter noture of 'njury in Pa	rt i or Port 11 of Hem 18 }	PERFORMED?
20c. TIME OF INJU		20d. INJURY OCCURRED 20s. PLA While Not white at work at work	CE OF INJURY (Home, for lary, street, office bldg., ele	m. 20f. (Crty or town)	(County) (State
	-	the remains described about all causes K , Accident	`		, Inquiry 🔼, and in n
ACTUAL SIGNATURE	30)hor		M.D. CHIEF MEDICAL E	XAMINER C	DATE SIGNED
EXAMINER'S NAME (Type)	B. O. Thomas,	M.D.	DEPUTY MEDICAL		10/14/59
270. BURIAL, CREMAT (REMOVAL (Spec Ty Burial	Oct .15,1959	Mount Hope Co		Woodsboro,	or county) (State) Maryla
23. FUNERAL DIRECTO	- where	ADDRESS			STRAR'S SIGNATURE
M. R. Etch	nison & Son. F	rederick, Maryla	nd DATE OF	OT 1 E ISD	12 - 0 4

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any deay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain for your files.

TO FUNERAL RECTOR: Page 3 shauld be used as a buriol-transit permit. File pages 1 and 2 with the Sto. and of Medith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15ME 5M 2157



Frederick, Maryland

DATE OCT 23 '59

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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-8	-		-	

1401	CERTIFICATE	OF	DEAT
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		1140	CERTIFI	CAI	OF DEATI	П		Reg. Di	st. No.		
	1, PLACE OF DEATH				USUAL RESIDENCE (W	here deceases		n: Residen	ce before	odmiss	ion)
		lerick	MARYLAN	ID U	o. state Marylai	nd	b. COUNTY	Free	deri	ck	
	b CITY OR TOWN (If outs RURAL and give nearest	ide corporate limits, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If	outside corpo	rate limits, write RU	JRAL and	give near	est town	1)
	PRAME OF HOSPITAL (I	lletown	years		Rural Hic	ddlet	own				
	OR INSTITUTION	f nat in hospstal, give stre	eet oddress)	/	d. STREET ADDRESS				•		FARM?
	3. NAME OF DECEASED	First	Middle		Lost	4. DATE	Moni	h	Day	,	Year
	(Type or print)	Charles	Al be	rt	Dykes	OF DEATH	10		2	6	19 59
	5. SEX 6. (ARRIED ARRIED		ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER			_
	male	colored wipo	WED DIVORCED	3/	6/1915		yrs.	Months	Days	Hours	Min
	10a. USUAL OCCUPATION (C	ive kind of work done 10	06. KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Stote	or fareign co	ountry)	12.CITI	ZEN OF V	WHATC	OUNTRY?
	section har		railroad		Haryland	đ		1	U.S.		
	13. FATHER'S NAME			14	I. MOTHER'S MAIDEN	NAME					
	Albert W.	Dykes			Dais;	y Hen	derson				
	15. WAS DECEASED EVER IN	U. S. ARMED FORCES? []	16. SOCIAL SECURITY NO.		RMANT	Davie	Addr			144	
	n		120-10-5499	Mrs.	Iucille	руке	s, Midu.	re co.	wii,	HU.	•
			line for (d). (b), and (c).]		-4-1->	7	12			VAL BE	TWEEN
	PART I, DEATH V	VAS CAUSED BY SEDIATE CAUSE (o)	10000	1	nep	130	MOS.	-50	10	123	
	4.0.1	DUE TO								· ·	1
	Conditions, if ony,										
	gave rise to imme couse (a), stating the u										
	lying couse lost.) (c)									
	PART II. OTHER S	IGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIV	en in par		PERFO	RMED?
		DERLYING 206 D	ESCRIBE HOW INJURY OCCU	RRED (E	nter nature of injury in	Part I or Por	t II of item 1B)				
	200 ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION	CAUSE OF DEATH									
	20c. TIME OF INJURY M Hour o. m. p. m.			PLACE	OF INJURY (Home, form	m, 20f. (City	or lown)	(4	County)		(Stote)
	Hour o.m.	19 Whi	ile Not while	ractary,	street, affice bldg., et	c)					
	21. I sertify that I	attended the dece	ased from 10/7	4	1359 to	10/2	6 100	that Lic	ist saw	the d	leceased
	alive on 10/	24 /219	and that de	ath ac		M. from	the causes an				
					0.4		treet city or toyin,		1	in .	E SIGNED
	ACTUAL SIGNATURE		7	M.D	V3244	124	1991	They	4	10)	46
ſ	PHYSICIAN'S NAME (Type)	G. F.So	17 HA	17	SHH	100	wish	-1	1		7-
	220. BURIAL, CREMATION,	26. DATE THEREOF	22c. NAME OF CEMETER	Y OR CR	EMATORY	22d. LOCA	TION (City, town, o	r county)		(Stat	le)
	burlal (Specify)	10/30/195	9 A.M.E. Ce	met	ery	Fre	derick	Co.	Md.		
	23. FUNERAL DIRECTOR'S SIG		ADDRESS		24a. REC	D BY REGIST					
	Gladhill Co	ompany, Mi	ddIetown, M	d.	DATENO	W 2 '59	0.1	lun S.	Kraus		

C-Thun S. Kraus

in the funeral director, and 2 should be filed with ofter death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hai may be referred by the haspital or ottending physician.

TO FUNERA

CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shourd be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 are the registrar prior to burial, cremation, or remaval, and in any event within 72 hour after death.

VS A15 (4) 15M 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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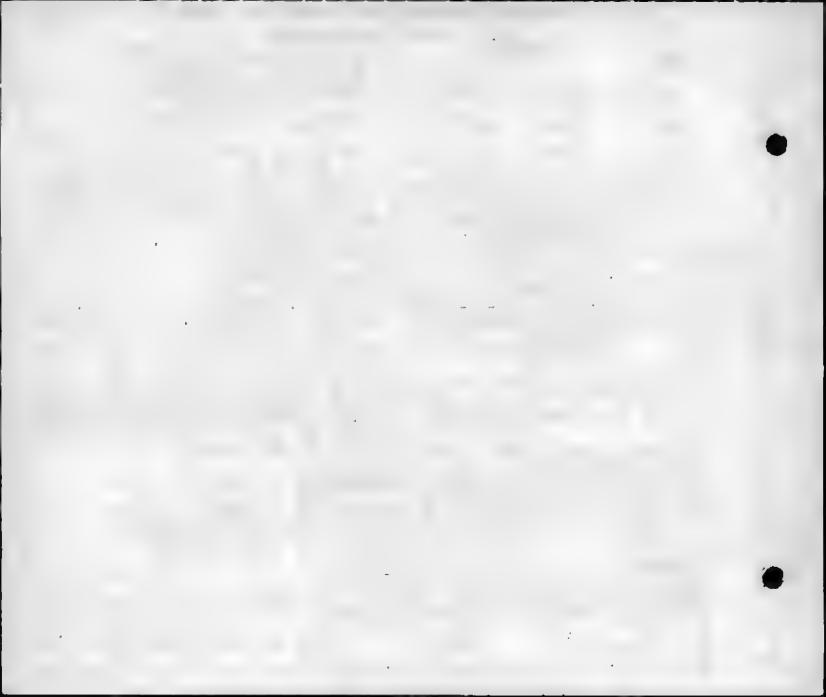
RTIFICATE OF DEATH

				Reg. Dis	t. No.
,	I. PLACE OF DEATH O. COUNTY Frederick	MARYLAND	e STATE	re deceased lived II institution: Resident b. COUNTY Frederick	ce before admission]
1	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	Laryland		
	RURAL and give nearest town)	1 Week	× Jeffe:	tside carporate limits, write RURAL and g	pve negrest townj
	d. NAME OF HOSPITAL (If not in hospital, give street of		d. STREET ADDRESS		- 10 DESIDENCE
	OR INSTITUTION	spital	d. SIREET ADDRESS	-	e. IS RESIDENCE ON A FARM? YES NO K
	3. NAME OF First	Middle	Lost	4. DATE Month	Day Year
	(Type or print) () (1/17 G)	ilbert /	- r/7 \ T	DEATH / /	3/ 19.9
			B. DATE OF BIRTH		1 YEAR IF UNDER 24 HRS.
	Male White WIDOWE	ED DIVORCED	March 14 18	B85 (1951 birthday) Months	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State a	r foreign country) 12. CIT	ZEN OF WHAT COUNTRY?
1	Book Keeper Ld A	Motor Co	Hagerstown	n Wash Co Md.	USA
)	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
/	John G. Ernst		Mollie	Smith	
	15. WAS DECEASED EVER IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
	NO [If yes, give wor or dotes of service)	-09-9324 lr	s Alice L. I	Ernst Jefferson	Fred. Co
	1B. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).]	/	, Ad.	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ule Coron	my Strom	bosis.	30000
	420.0 DUE TO		- 11 ·		/
	Conditions, if any, which) (b) (ly	Licales	he Heat	6-20 10 22	1. 10. 17.2
	gove rise to immediate code (a), stating the under				. 1
	lying cause last (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
1	CAT				YES NO B
	PANT II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING DISCORDITIONS OF CONTRIBUTIONS OF CONTRIBUTING DISCORDITIONS OF CONTRIBUTIONS OF CONTRIBUTIONS OF CONTRIBUTIONS OF CONTRIBUTIONS OF CONTRIBUTIONS OF CONTRIBUTIONS	CRIBE HOW INJURY OCCURRE	D. (Enter nature of Injury in Po	ort I ar Port II of item 18.)	
		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town) (C	(Slote)
	Hour a.m. 10 While	Not while for	ctory, street, office bldg., etc.)	i can can a comp	doniy) (sibia)
		10/3/		2/2/	
	21. I certify that I attended the decease	7	, 1957, to 16	1	ast saw the deceased
	alive on	, and that death		M, from the causes and on th	
	ACTUAL 7 /e //		11 12 61	DDRESS (Street, city or town, state)	DATE SIGNED
	SIGNATURE SERVING	17.2	M.D.	What be a leader	
1	PHYSICIAN'S HEATH	Chase	Frances	LLIX Mar	yland
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, tawn, ar county)	(Stote)
	DUTTS: 11/2/59	Rest Haven	Cemetery	Hagerstown Wash	Co i.d.
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 24b. REGISTRAR'S SIG	
	Andrew K. Coffman Has	geratown Ld.	DATE N	OV 4 159 Curthun 2	8. France

TO HOSPITAL OF EXTENDING MIYSICIAN: The law require not the death certificate be executed within 24 hours after death. Tage 4 may be retained by the haspital or attending physician.

TO FUNERAL PROCESS. After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 share detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 at thould be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A1S (4) 15M 9/55



ofter death. Page

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X .

Reg. Dist. No.

/	PLACE OF DEATH	ederick		Mi	ARYLAND	2. USUAL RES o. STATE		here decease ryland	d lived. If institu B. COUNT		e before odm leric k	ission)
	b. CITY OR TOWN (IF RURAL ond give ne Frederick		ts, write	c. LENGTH OF ST	AY IN 1b	c. CITY OR		outside corpo ederic	rote limits, write ${f k}$	RURAL and gi	ve nearest to	wn)
	d. NAME OF HOSPITA OR INSTITUTION Frederick	AL (If not in hospital, s Memorial H				/ 347		Third	Street		UN	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	ANNI		Mid EL	idie TZABĿJ	'H GR	ASER	4. DATE OF DEATH	Octo	onth Ober	Doy 15,	Year 1959
	5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MA	RRIED 🔲	B. DATE OF BIRT	Н		9. AGE (In year Last birthday)	s IF UNDER 1	YEAR IF UN	
	Female	White	WIDOWE	DIVOI	RCED 🗀	Becembe	r 15,	18	75 yr	s Months	Days Hou	rs Min.
	10o. USUAL OCCUPATION during most of work Domestic	ing life, even if retired	dane 10b.)	At Home			IACE (Stote Maryla		ountry)		EN OF WHA	T COUNTRY?
	13. FATHER'S NAME					14, MOTHER'S						
1	Joh	n Delaught	er				Enni	e Main				
/	15. WAS DECEASED EVER	IN U. S. ARMED FOR	arvice)	OCIAL SECURITY		NFORMANT				ldress (4	_	
	No		21	9-12-087	9 Mi	rs. Will	iam K	ennedy	-Sameas	Item #	2	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		for (o), (b), and		britis	, , ,	ami	te		ONSET AN	ID DEATH
	Canditions, if or gove rise to in cause (a), stating t lying couse last.	he <u>under:</u> DUE TO	, 1	islu	ter	me	lli	ten	<u> </u>		25	Han
	_	ER SIGNIFICANT CON		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERM	INAL D SEAS	E CONDITION G	EVEN IN PART	PER	S AUTOPSY FORMED?
	3.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJUR	Y OCCURRE	D. (Enter noture	of injury in	Part I or Por	t II af item 18.)		•	
	Y 20c. TIME OF INJURY Hour o. m. p. m.	f Month, Day, Ye	ar 20d. IN While at work	JURY OCCURRED Not while of work		ACE OF INJURY clory, street, offic			or town)	(Co	ounty}	(State)
	21. I certify the alive an OC	at 1 attended the	decease , 19_5		1	accurred at	TO: 45	M, fram	treet, city or tow	ind an the	date state	deceased ed abave. ATE SIGNED
-	PHYSICIAN'S RONAME (Type)	bert S. Tu		Jr., M.	в.	Frede	rick,	Maryl	and			
	220. BURIAL, CREMATION Burial (Specify)	Oct .19,1	_	Rocky S	emetery o	or CREMATORY S Cemete	ry	Fre C	TION (City, town	ounty	Maryl	and
	23. FUNERAL DIRECTOR'S M. R. Etch	signature ison & Son	, Fre	ADDRESS derick,	Maryl	and	24a. REC'	'D BY REGIS	OCT 2 0	SISTRAR'S SIG 1759		1 S. Firm

TO HOSTITAL OF ATTENDING FIFTH IN The law require that the fleath certificate be executed within 24 haurs after death. Page funeral director, UD

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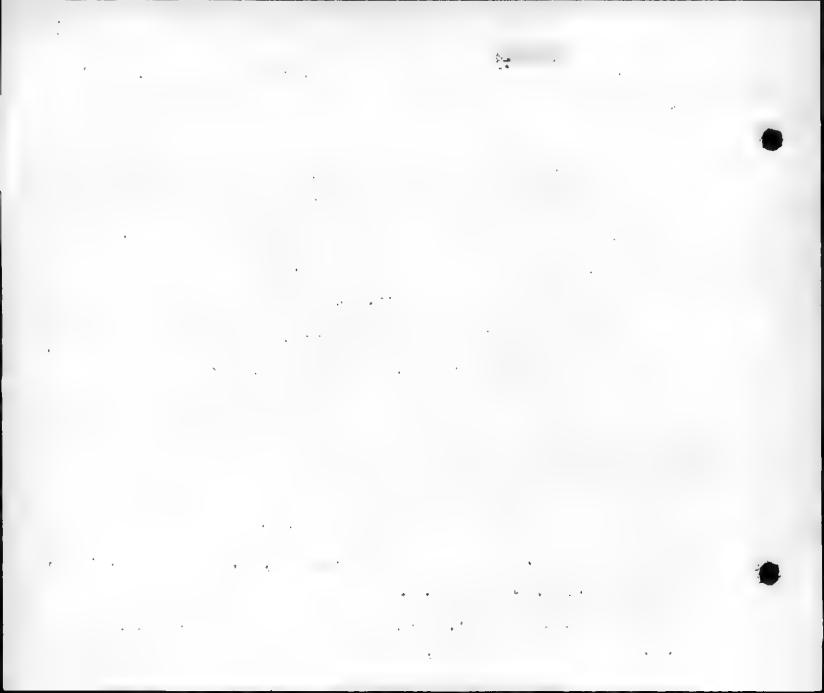
by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled a detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 is burial, cremation, ar remayal, and in any event within 72 have a death.

TO FUNERAL page 3 shours VS A15 (4) 15M 9/58

the registrar prior

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Little Committee of the	11100				Keg. Dist.	IVO.
1. PLACE OF DEATH o. COUNTY Frederic	11402	MARYLAND	2. USUAL RESIDENCE (VO. STATE Mary.	Vhere deceased lived. If b. C	institution: Residence bounty Freder	efore admission)
b. CITY OR TOWN (If outside RURAL and give nearest tow Point of Rocks	carparate limits, wri	c. LENGTH OF STAY IN 1b	11	outside corporate limits, tof Rocks	write RURAL and give	nearest fown)
d. NAME OF HOSPITAL (IF no OR INSTITUTION	t in haspital, give st	eet address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	DAISY	Middle TSABELLE	GREEN	4. DATE OF DEATH	Month October 2	Day Year 28, 1959
Female Wh:	ite win	MARRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH 23 /A/pt/1/1 1.89		n years IF UNDER 1 You Thday) Manths Day	EAR IF UNDER 24 HRS ys Hours Min.
10a. USUAL OCCUPATION (Give during most of working life, House-work	kind of work dane even if retired)	10b. KIND OF BUSINESS OR IND At Home	ustry 14. Birti Place (Sie Marylai	nd	12 CITIZEN USA	NOF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
Charles McCu	tcheon		Ruth Young	g		
15 WAS DECEASED EVER IN U. S. (Yes, no. or unknown) (If yes, give	S. ARMED FORCES? I war or dates of service)		ınformant r. John Greeg	(Same as	item #1)	
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO	Ry Herids		MINAL DISEASE CONDIT		a) 19. WAS AUTOPSY PERFORMED? YES IN NO
PART II. OTHER SIGN 200 ACCIDENT WAS UNDER OR CONTRIBUTING — CAUS (IF EITHER, NOTIFY MEDICAL	SE OF DEATH	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury i	n Port I ar Part II of item	16)	(10 110
20c. TIME OF INJURY Month Hour o. m. p. m.	w		PLACE OF INJURY (Home, for factory, street, office bldg., e		(Covi	nty) (Stole
21. I certify that 1 at alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) William	73-Co		th occurred at 10:44	ADDRESS (Street, city of	19_Sthat I last : ses and an the d or town, stole) 30	
220. BURIAL, CREMATION, 22b.	DATE THEREOF	22c. NAME OF CEMETERY St. Paul's		22d. LOCATION (City	Rocks, Mar	(State)
23. FUNERAL DIRECTOR'S SIGNA	TURE	ADDRESS Frederick, Mary	240 RF		ib. REGISTRAT'S SIGNA	ATURE



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11364 CERTIFICATE OF DEATH

County Manager Coun	LACE OF BEATH	
D. CITY OR TOWN If outside corporate limits, write and of work corporate limits, write a case of control of the control of the corporate limits, write and give necess town) TREDERICK C. CITY OR TOWN If outside corporate limits, write RURAL and give necess town) TREDERICK C. CITY OR TOWN If outside corporate limits, write RURAL and give necess town) TREDERICK C. CITY OR TOWN If outside corporate limits, write RURAL and give necess town) TREDERICK C. CITY OR TOWN If outside corporate limits, write RURAL and give necess town) TREDERICK C. CITY OR TOWN If outside corporate limits, write RURAL and give necess town) TREDERICK C. CITY OR TOWN If outside corporate limits, write RURAL and give necess town) TREDERICK C. CITY OR TOWN If outside corporate limits, write RURAL and give necess town) TREDERICK C. CITY OR TOWN If outside corporate limits, write RURAL and give necess town) TREDERICK C. CITY OR TOWN If outside corporate limits, write RURAL and give necess town) TREDERICK C. CITY OR TOWN If outside corporate limits, write RURAL and give necess town) TREDERICK C. CITY OR TOWN If outside corporate limits, write RURAL and give necess town) TREDERICK C. CITY OR TOWN If outside corporate limits, write RURAL and give necess town) TREDERICK C. CITY OR TOWN If outside corporate limits, write RURAL and give necess town) TREDERICK C. CITY OR TOWN If outside corporate limits, write RURAL and give necess town. TREDERICK C. CITY OR TOWN If outside corporate limits, write RURAL and give necess town. TREDERICK C. CITY OR TOWN If outside corporate limits, write and success to the property of the RURAL and give necess town. TREDERICK C. CITY OR TOWN If outside corporate limits, write RURAL and give necess town. TREDERICK C. CITY OR TOWN If outside corporate limits, write and success town. TREDERICK C. CITY OR TOWN If outside corporate limits, write and success town. TREDERICK TREDERICK C. ADATE Month of COLDERICK T. DATE Month of COLDERICK T. DATE Month of COLDERICK T. DATE Month of COLD	COUNTY	
REAL ord give necess lown) FREDERICK d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION A STREET ADDRESS FREDERICK MARYIAND G. IS RESIDENCE ON A FARMY YES ON A FARMY YES ON ON ON A FARMY YES ON ON A FARMY	IAAPYI AND	MARY LAND. FREDERICK
d. NAME OF INSTITUTION TREDPRICK MEMORIAL HOSPITAL S. NAME OF STREET ADDRESS TREDPRICK MEMORIAL HOSPITAL S. PREDERICK MARYIAND ON A FARMY YES NO S. SEX FIRST Month Doy Year DEATH OCCODET S. SEX G. COLOR OR RACE 7 MARRIED NEVER MARRIED S. DATE OF BIRTH P. ACE (in year) is underly lost birthdoy) Months Doys Hours Months Doys Hours Months Doys Hours Months Doys Hours Months Doys Months Doy	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ON NATION TREDERICK MEMORIAI. HOSPITAI. SPECIALS SERV. S. SEX S. COLOR OR RACE OCTOBER		// FREDERICK CITY.
NAME OF SECRETARY STATE	OR INSTITUTION	1 /
October Company CIEN CROVER RREEN DEATH October 20, 19 59		
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthdoy) Months Days Hours Min. 100. USUAL OCCUPATION (Give kind of work done of work done done done of the providing most of working life, even if retired) Retired Frederick County Months Days Hours Min. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 16. CAUSE OF DEATH Enter only one couse partine for (o), (b), and (c). France County Min. MEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o), storing the under USA Conditions, if ony, which gave rise to immediate couse OLD Conditions, if ony, which gave rise to immediate County Min. OLD Conditions, if ony, which gave rise to immediate County County Min. County Min. Min.	ECEASED	OF
Male Write WIDOWED DIVORCED JULY 18 160; doubthdoy, Months Day Hours Min. No. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (Stole or foreign country) Garage Owner Retired: Frederick, County Ma. USA. 13. FATHER'S NAME Fliner F. Green 14. MOTHER'S MAIDEN NAME Fliner F. Green 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 16. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OCCONDITIONS, if only, which gave rise to immediate couse (b), stoling the under lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO.	GIOVEN GI	USER COUNTY
Male Widowed Divorced July 18 1694 65 yrs. Oo. USUAL OCCUPATION (Give kind of work done of work done oduring most of working life, even if retired) Retired Retired Frederick County Male USA Is. FATHER'S NAME MOTHER'S MAIDEN NAME WISA Is. FATHER'S NAME MOTHER'S MAIDEN NAME WISA Is. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address If yes, give wor or dotes of service) Is. SOCIAL SECURITY NO. INFORMANT Address Is. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) WISA WISE NO. INTERVAL BETWEEN ONSET AND DEATH Conditions, if only, which gave rise to immediate couse (a), stating the under lying couse lost. (c) WISA WISE NO. (c) Interval Is.	WARRIED THE TER WARRIED	
Garage Owner 3. FATHER'S NAME Filmer B. Green 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT TIME Biger Green 18. CAUSE OF DEATH [Enter only one couse per line for [0], (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if ony, which gave rise to immediate couse [0], stoting the under-lying couse lost. PART II. OTHER S'GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO. OF CONTRIBUTING CAUSE OF DEATH (FIFTER NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port Lor Port II of ritem 18.)	Wale Hills	July 18 1894 65 yrs.
S. WAS DECEASED EVER IN U. S. ARMED FORCES? S. WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or dones of service) IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if only, which gave rise to immediate couse (o), stoling the under-lying couse (o), stoling the under-lying couse (of). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSS PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	during most of working life, even if retired)	
Filmer R. Green S. WAS DECASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Trma Biser Green 18. W. 12 St. 18. CAUSE OF DEATH [Enter only one couse portine for (o), (b), 5ind (c).] PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH ONSET A		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? It. SOCIAL SECURITY NO. INFORMANT Types Biser Green 18. W. 12 St. IB. CAUSE OF DEATH [Enter only one couse portine for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CANDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO. ACCIDENT WAS UNDERLYING TO DEATH OR TO DEATH OR TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATHER'S NAME	14 MOTHER'S MAIDEN NAME
Time Biser Green 18, W 12 Ste	Elmer E. Green	Margaret Chipley
IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Conditions, if ony, which gave rise to immediate couse (c), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) No. 20th ACCIDENT WAS UNDERLYING CONTRIBUTING COURSED. (Enter nature of injury in Port I or Port II of item 18.)		INFORMANT Address
IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES OR CONTRIBUTING CAUSE OF DEATH CONDITIONS CONTRIBUTING TO CONTRIBUTING CONTRIBUTION CONTRIBUTI		Irma Rison Groon 18 W. 12 St.
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DUE TO Conditions, if ony, which gave rise to immediate couse (a) stations the under-lying couse lost. Part II. OTHER S'GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CONTRIB		
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gave rise to immediate couse (p), stoting the under-lying couse lost. PART II. OTHER S'GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CONTRIBUTION CONTR	400, DUE TO DEL	
Couse (o), stoting the under- lying couse lost. Part II. OTHER S'GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTIONS CONTRIBUTI		wer corner basel or.
In the significant conditions contributing to death but not related to the terminal disease condition given in Part 1(a) 19. Was autopsing performed? 19. Was autopsing performed. 19. Was autopsing performed? 19. Was autopsing performed. 19. Was autopsing performed. 19. Was autopsing performed.		
		1 stno-
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
		YES NO
	20a. ACCIDENT WAS LINDERLYING 20b DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in Part I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH ((IF EITHER, NOTIFY MEDICAL EXAMINER)	
Hour o. m. While Not while foctory, street, office bldg., etc.)	20c TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e I	PLACE OF INITIRY (Home form 20f (City or town) (County) (State
	Hour a. m. While Not while	octory, street, office bldg., etc.)
p.m. 19 of work of twork to at work to at wo	p. m. y at work at work	
21. I certify that Lattended the deceased from MWC1 1979, to OLS 20 199 That I last saw the decease	21. I certify that Lattended the deceased from Illure	11 , 1959, to OLA 20 , 195 That I last saw the deceased
alive an LLY 1D 4, 1954, and that death accurred at 5 400M, from the causes and an the date stated above	alive on 1841 D 1 1959 and that deat	TAGE
SIGNATURE JUNE H Jamen Variones JE. 2 nd st James M.	SIGNATURE Jan Hammen Varin	79 gard of today if al
PHYSICIAN'S Karl H. Tannenbaum M.D. 8, E. 2 nd. St Frederick Md. 10-	DLIVE PLANTE	8, E. 2 nd. St Frederick Md. 105
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY Frederick, Maryland (Stote)		
3. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS 24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE	BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY	OR CREMATORY Cemetery 22d LOCATION (City, town, or county) Frederick, Maryland (Stote)
DATLEY'S FINEHAT, HOME FREDERICK, MI. OCT 23'59 College 4	BURIAL, CREMATION, 22b. DATE THEREOF Octo 22, 1959 Mt Olivet	Cemetery Frederick, Maryland



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
e= (M		11365 CERTIFICATE OF DEATH	11359 ist. No.
directo filed wi	~	Ľ	PLACE OF DEATH 5. COUNTY FREDERICE (Where deceased lived if institution: Resider 6. STATE Waryland b COUNTY FO	1- 1 1
e funeral director, hould be filed with	(a)		CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give nearest town) FREDERICK 2 dys // Frederick	give nearest town)
e de constant	• 1		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Neumonal 1. STREET ADDRESS Convertely	IS RESIDENCE ON A FARM? YES NO
filled in			NAME OF DECEASED Type or print) PARKER GREEN 4. DATE OF DEATH OF DEATH OF DEATH	Day Year 7 1959
Po Po		5. 5	M C WIDOWED DIVORCED 5 OCT 59 lost birthdoy) Wonths	Days Hours Min
	1	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Alary Card	TIZEN OF WHAT COUNTRY
physician and smave carbon haurs after de		13.	FATHER'S NAME William Honry Green Anna Mac Partie	1_
		15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) (If yes, give wor or dates of service)	* .
attending n please ra t within 72	~4\$\frac{1}{2}		1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] - PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Tauwaturt	INTERVAL BETWEEN ONSET AND DEATH
ed by the a	-		Conditions, if ony, which) (buth wt 2-13)	
E & .=			gove rise to immediate couse (a), stoling the under lying couse last.	
ng physician e has been s burial-tronsit removal, and	1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO D
ending ficate h the bur		CERTIFI	20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
of or of his cert use as emation		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m., Hour o. m., p. m. 19 20d. INJURY OCCURRED While Not while of work of two of work 19 20d. INJURY (Home, form, 20f. (City or town) foctory, street, affice bldg., etc.)	Caunty) (State)
After the			21. I certify that I attended the deceased from 5 CCT , 1959, to 7 CCT , 1959, that I alive an 7 CCT of the causes and on the causes and on the causes and on the causes are considered as the causes and on the causes are causes are caused as the cause are caused are caused are caused as the caused are caused are caused are caused are	last saw the decease
by the CTOR: detocl or to bu			ACTUAL RLG West M.D. 6 W 3 NO ST	DATE SIGNE
RAL D/P shaw stror pro	- 1		PHYSICIAN'S RLGUEST Frederick M	d
moy be O FUNER poge 3 the regis		no B	BURIAL, CREMATION, 22b. DATE THEREOF . 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or cognity)	(State)
VS A15 (4) 15M 9/55		23,	FUNERAL DIRECTOR'S SIGNATURE, ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SHE DATE OCT 1 3 '59	
			2 (1-1420)	



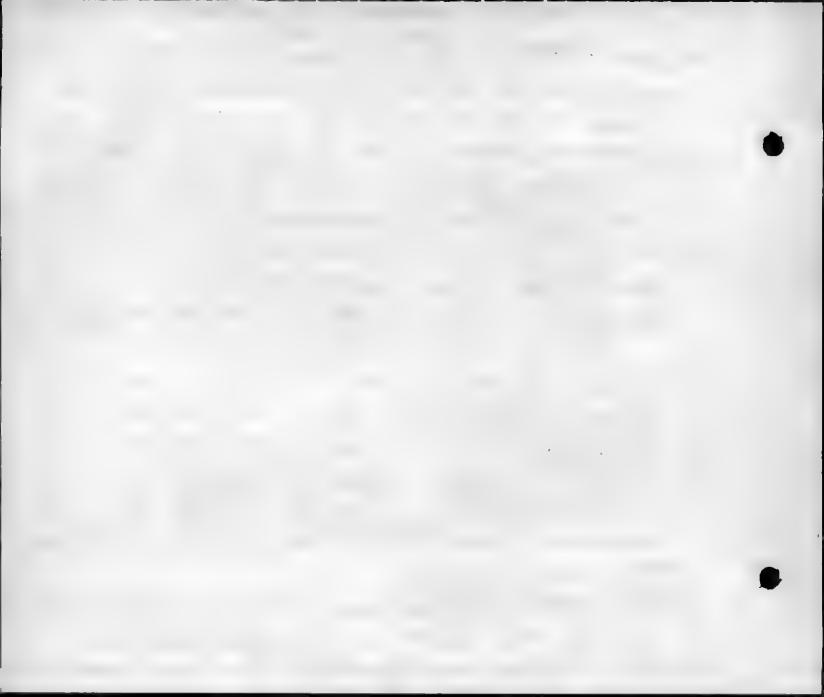
VS A15 (4) 15M 9/55

TO -USPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Eage

11366 CERTIFICATE OF DEATH

Reg. Dist. No.

_										
	PLACE OF DEATH	raday.	- K	MARYLAND	2 USUAL RESI	DENCE (WH	rere deceased	b. COUNTY Ca.	sidence befor	re odmission)
Г	b. CITY OR TOWN (I	f outside corporate limit	s, write	c. LENGTH OF STAY IN 16	c. CITY OR 1	TOWN (If o	ulside corporo	ote limits, write RURAL	and give nea	rest town)
1		Erick.		10 WTEKS	1	41	400	port o	DG X	
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi	ve street	address)	d. STREET A	DDRESS				e. IS RESIDENCE
L	17-46/6	TIES MEL	21001	al Herpital	<u> </u>					YES 1 NO
3.	NAME OF DECEASED	Firs	1	Middle	, Los	d	4. DATE OF	Month	Da	y Yeor
	(Type or print)	u	1,	Morro	s Holl	201		October	7.7	1954
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF BIRT	Н	9	AGE (In years IF UI last birthday) Mor	NDER 1 YEAR	IF UNDER 24 HRS
		11	WIDOW	ED DIVORCED	9/7/	76		83. yrs. Mor	iths Days	Hours Min.
100	USUAL OCCUPATION	N (Give kind of work d	lone 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL	ACE (Stote	or foreign cou	untry) IS	CITIZEN O	F WHAT COUNTRY?
	FARA	ting life, even if retired)		RETIRED	MA	RYI	AND		US	SA
13.	FATHER'S NAME	1601			14. MOTHER'S	MAIDEN N	AME	-		- 4-1
	J p/	(H. If	(~ 5		ELIZA	BET	H L	UPTON		
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Address		RURAL
Ľ	n, no, or unknown)	(If yes, give wor or dates of se	rvice	YONE L	ULA HAI	MES	UNI	ON BRIDG	E	mo
	18. CAUSE OF DEA	TH [Enter only one cou	use per li	ne for (o), (b), ond (c).]	,		, .		INTE	RVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	13	i(2+, 1) 0	YPlone	phr	1713		0.43	SET AND DEATH
	610x	DUE TO		1	/	1			/	}
	Conditions, if a	44.5	70	redoti	hun. 1	0.24		- lasto to	2.23	2445
	gove rise to is	mmediate (. /	16177	11	1	/	1 3 7 7 6 . 7 7		
	lying couse lost.	the under-	1	resunctife	5 2/le.	· /c.	tend	1 . 3 . 2.1.	n fin	1-3 15
z		1ER SIGNIFICANT CONF	DITIONS	CONTRIBUTING TO DEATH BU	IT NOT PELATED TO	THE TERMI	NA1 DISEASE	CONDITION GIVEN IN	PART I(a) 1	9. WAS AUTOPSY
E	724	2. L	- 4		(=		INT DISTORT	CONDITION GIVEN III	I I AKI IQOJI I	PERFORMED?
5	20- ACCIDENT 144	S UNDERLYING		CRIBE HOW INJURY OCCUR		6 6 7	Don't too Boot	tt of them 10)		YES NO
CERTI	OR CONTRIBUTING	CAUSE OF DEATH	200. DE3	F /	CED. (Enter noture of	ar injury in a	(ii or iiem ib.j		
3	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. I	NJURY OCCURRED 20e. I	PLACE OF INJURY	Home, form	20f. (City o	or town)	(County)	(Slote)
WED	Hour e, m, p. m	S 12 19 8	While	Not while	factory, street, office	e błdg., etc.	/	mer of		My
*		at I attended the	/-		10:	1- /	1/3 -	7		
		/ C / S C	deceds	/			Lightine,	/		w the deceased
	alive an		12_	$\sum_{i=1}^{n}$, and that deal	th accurred at			the causes and o		
	ACTUAL (D-12 . 10	-	012(-		3	WDDKE33 (311)	eet, city or town, state)		PATE SIGNED
	ACTUAL SIGNATURE	ROUTEZ-4	1/2	- 1- 92 Kry	<u>^</u> ₩.D		103	<u> </u>	/	6-127-150
	PHYSICIAN'S NAME (Type)	Pub. 7	F,	1. 1. /gre	<i>i</i>		1 1	22/3/2/	(قسو پر	
220		N, 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATI	ON (City, town, or cou	nty)	(State)
	REMOVAL (Specify)	NOV 1-1	959	BUAKER			UNI	ON BRID	GE	MO
23.	FUNERAL DIRECTOR	S SIGNATURE A		ADDRESS 1		24a. REC*	D BY REGISTR	AR 24b. REGISTRAR	'S SIGNATUE	RE
1	1 Harte	ler & Son	2/1	Inson Brida	e mad	DATE N	10V 3 '5	9 arth	1 8. Kr	m4



VS A1S (4) 1SM 9/58 X

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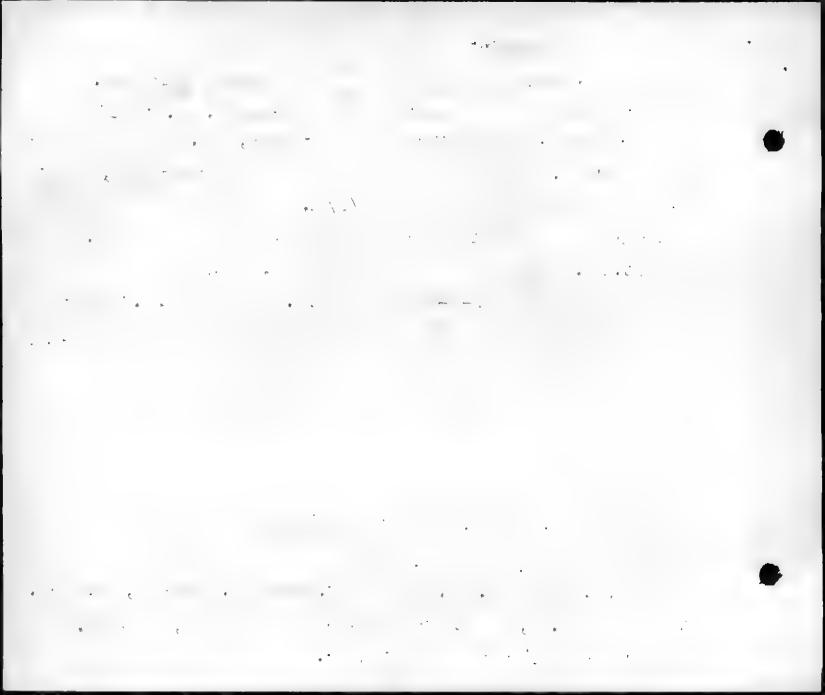
1. PLACE OF DEATH o. COUNTY Free	derick		MARYL	AND	2. USU'AL RESID		Where deceases yland	d lived. If institut b COUNTY		ce before o	
b. CITY OR TOWN (II RURAL and give ne Frederic	f outside corporate limi largest town) CK	ts, write	Life	N 1b	c. CITY OR T		f outside corpo derick	rote limits, write	RURAL and g	give nearest	town)
a name of Hospit Or Institution 1001 Last	AL (If not in hospitel, g Patrick Str	eet	oddress)		d. STREET A		t Patri	ick Stree	et		RESTDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Fir HAF		Middle JACK		HALL	ER,	4. DATE OF JR. DEATH	Octo		15,	Year 1 5 9
S. SEX Male	6. COLOR OR RACE White	7. MARRI	IED NEVER MARRIED		DATE OF BIRTH		1914	9. AGE (In years lost birthdoy) 15 yrs			DURS Min
10a. USUAL OCCUPATION during most of work NOTE 13. FATHER'S NAME	DN (Give kind of work or ing life, even if retired	done 10b.	KIND OF BUSINESS OR	_	TRY 11. BIRTHPL	ACE (Sto	and	ountry)		USA	IAT COUNTRY?
Hay	rry J. Hall	er, S	Sr.			lary	C. Hal	ler			
15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. !	None	-	Harry	€. H	aller,		as It	em #2	
Conditions, if all gove rise to it couse (a), stating lying cause lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	the <u>under-</u>	1	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THETER	MINAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(0) 19. V	VAS ALTOPSY ERFORMEDS S NO
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURREC). (Enter nature of	Finjury (in Port I or Por	t (I of item 18.)		ì	
20c. TIME OF INJUR Hour o. m.	Y Month, Day, Yes	While	JURY OCCURRED Not white	20e. PL/ fac	CE OF INJURY (F fory, street, office	tome, for bldg., e	erm, 20f (City	or lown)	(0	County)	(State
actual signature Physician's Kiname (Type)	at I attended the	19 nenbau	and that a comment of the comment of	death	Fred	Sec	ond Str k, Mary	the causes of freet, city or lown cet	nd an the , stole)		ne deceased ated above DATE SIGNED
220 BURIAL, CREMATIO DEMOVAL Specify)	Oct.18,1		Mount Oli			У		der ick,	or county)	Mary:	(Stote)
23. FUNERAL DIRECTOR' M. R. Etch:		Fred	derick, Mar	ylar	nd		OCT 1 9		ISTRAR'S SIG		



1 0	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
18 E		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11.0.2 Reg. Dist. No. 1.362
please (should cremati		PLACE OF DEATH COUNTY ARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE COUNTY D. CO
Poge buriol.	b	CCITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)
is necessary to the second of	0	S. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\) NO (A)
y delay neral di rour fi gistrar p	-1	NAME OF DECEASED First Middle Lost 4. DATE Month /hi Day Year
the for side	5. 5	6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthday) Months Days Hours Might
nd 3 ta refain 2 with	d	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
un after 1, 2, ar may be s 1 and		FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
Popular Popula		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. or unhown) (if you, give wor or dates of service) (Address)
18. Give m PM3. I permit. Fi		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
xecates		PART I. DEATH WAS CAUSED BY: LIN Short wound on Chest unter
incil in the same will in will in will in will in will incide the will be will incide the will be will		Conditions, if ony, which one of the course to immediate course to
in pe ce alc	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY
ding: s Offi	FICATION	PERFORMED? YES \(\text{NO} \(\text{NO} \)
d per aminer uld be u	CERT	20a. EXTERNAL CAUSE WAS PRIMARY # or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 af item 18.) Self inflicted would
the wall	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) Hour o. m. Oct 1427 1859 of work of
miting the of Media R: Page		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and find that
MEDICAL regificate, w he Chi RECTOI		deoth resulted from: Natural causes
> 0 <u>2 4 6</u>		SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
DEPUT Orwards FUNER FUNER	22o	NAME (Type) 2, U-Showay M. D. DEPUTY MEDICAL EXAMINER DECIDENCE, 1727 BURIAL CREMATION, 122b. DATE THEREOF 122c. NAME OF CEMETERY OF CREMATORY 122d. LOCATION (City flows of county) (Sudja)
E 350	22	Burial Oct.30.1959 Mt. Moriah Cem Foxville Fredk Ce MD PUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME(S) SM 9/55	Y 17	ymond E, Creagor Thurmont. Md DATE NOV 2 '59 Callun & Frank



hours



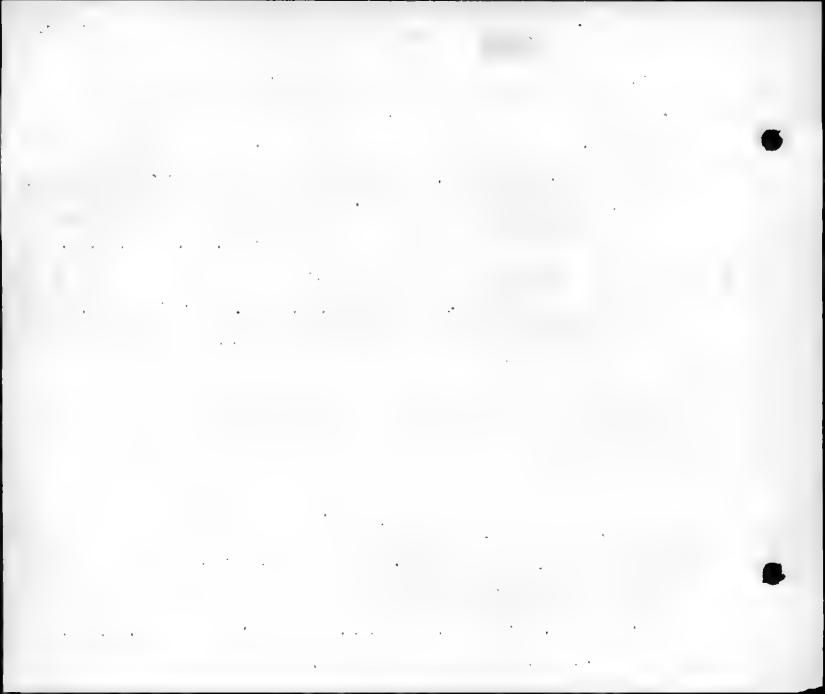
by the haspital or attending physician.

CTOR: After this certificate has been signed by the attending physicion and campletely filled in the funeral director, and be detached for use as the burial-transit permit. Then please remayer all the papers. Pages I and I should be filed with prior to burial, crematian, ar removal, and in any event within 72 plaus offer death.

NTENDING PHYSICIAN: The law require that the death certificate be executed within 24 hours ofter death. Page 4

TO HOSPITAL OR May be retained TO FUNERAL	page 5 should be the registrar prior
VS A15 (4 15M 9/58)

	1140	CERTIFIC	AIE OF DEA	АПП		Reg. Dist. No	o.
1, PLACE OF DEATH a. COUNTY Frederi	ck	MARYLAND	2. USUAL RESIDENCE D. STATE Mary	_	hived If institution b. COUNTY	on: Residence bef Frederi	ore admission)
b. CITY OR TOWN (if or RURA) and give neare	utside corporate limits, write ist town)	c LENGTH OF STAY IN 16		N (If outside corpor	rote limits, write R	JRAL and give no	earest tawn)
Myersvi		1 60 years		sville			
or institution Main St	(If not in hospital, give stree	st address)	d. STREET ADDRE				• IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mon	lh	Day Year
(Type or print)	MOLLIE	М.	HARP	DEATH	Octob	er 5	9 19 50
5. SEX 6.	COLOR OR RACE 7 MA	RRIED NEVER MARRIED	8. DATE OF BIRTH		9 AGE Un veges	IF UNDER 1 YEA	R IF UNDER 24 HRS
female	white willow	WED TO DIVORCED	July 13,	1866	lost birthday) 93 yrs.	Months Days	Hours Min
100, USUAL OCCUPATION	(Give kind of work done 10)	b. KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE	(State or foreign co	ountry)	12 CITIZEN C	OF WHAT COUNTRY
housew		own home		rick Co		U.S	. A.
13. FATHER'S NAME	·		14. MOTHER'S MAII				
Ludwie	Routzahn		Marv	Marker			
15. WAS DECEASED EVER IN	U S ARMED FORCES? IT	6. SOCIAL SECURITY NO.	INFORMANT	10021102	Addi	ress	
no.	es, give wor or dates of service)	none X	mar E. I.	Harp.	Myersvi	lle M	d .
	Enter only one cause per					IN	TERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY:	Duner le 1	ad war and	a Tanka	rio Set	A DON	NSET AND DEATH
450.0	MEDIATE CAUSE (a)	VIO CREEKE R	CLIVATURE		us -cc	DC5-34	5 4 10
Conditions, if any,	/						
gave rise to imm	rediote (SUS TO		d				
cause (a), stating the lying cause lost,	undar-						
	SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BE	IT NOT PELATED TO THE	TERMINAL DISEAS	F COND TION GIV	(EN IN PART I/a)	19. WAS AUTOPSY
PART II. OTHER		<u> </u>		2717777777		2.4 (()	PERFORMED?
20g. ACCIDENT WAS L	INDERIVING EL 205 DE	ESCRIBE HOW INJURY OCCURS	PED /Enter coture of cour	Icy in Part 1 or Par	t II of item 16)		ILS [] NO []
OR CONTRIBUTING [CAUSE OF DEATH	JCKIDE TIOTS INJUNT OCCURS	CD. (Cilia noise of illo	17 10 7011 7 10 7 1011	, , , , , , , , , , , , , , , , , , , ,		
3 20c. TIME OF INJURY		INJURY OCCURRED 20e. 1	PLACE OF INJURY (Home	, form, 20f. (City	ne town?	(County	y) (Slote)
ZOc. TIME OF INJURY Hour a.m. p. m.	Whi	le Not while	actory, street, office bldg		OI 10Wiij	(County	(3)014
∑ p. m.	19 at w	ork at work	feet 5	(2) (1	, d		
21. I certify that	I attended the deced	osed from	19.55, to	0000	2, 1957,	that I last sa	aw the deceased
alive an ()2	7 3 19	59 , and that dear	th accurred at				te stated above
)	11 /		ADDRESS (St	treet, city or lown,	state)	DATE SIGNED
ACTUAL SIGNATURE	4 Zelikel	UL HEEL /2-	_ M D	/Mes	Lack 10	ars 1	0-7-19
PHYSICIAN'S NAME (Type)	V.J.Elme	EIP HARD					
220. BURIAL, CREMAT ON,	22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCA	TION (City, town, i	or county)	(State)
REMOVAL (Specify) Burial	Oct.8,195	9 Mt.Zion U	. B.	Myersv	ille Fr	ed .Co.	Md.
23. FUNERAL DIRECTOR'S S	PANATURE A. T.	ADDRESS		. REC'D BY REGIST		STRAR'S SIGNATI	URE
y acces	RI H.	le Murenauril	TA MA DAT	FAOT 0 IS	9 0	Church & Hira	u.A.



DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12-2-18 J. Sans.

11366

e. IS RESIDENCE ON A FARM?

YES NO 5

Year

10

Rea. Dist. No.

IF UNDER 1 YEAR IF UNDER 24 HR 9. AGE (In years last bisthdoy) Doys Months 12. CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO F (County) (State) ..that I last saw the deceased IJM, from the causes and an the date stated above 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cily town, or county) (Stole) St. Stephen's Cem. Bradshaw, Maryland 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Collins & France

0 VS A15 (4) 15M 10/57

PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION.

REMOVAL [Specify]

23. FUNERAL DIRECTOR'S SIGNATURE

Burial

22b DATE THEREOF

10-5-59

ADDRESS



death.

certificate

HOSPITAL





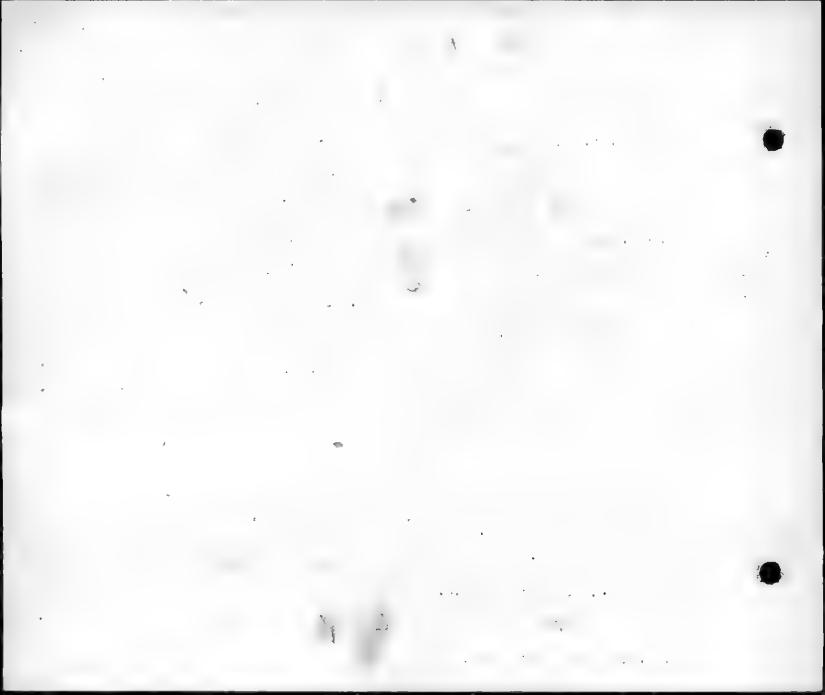
VS A1S (4) 15M 9/5B X

F

MARYLAND	STATE	DEPARTMENT	OF HEALTH	-BALTIMORE,	18

15 380 CERTIFICATE OF DEATH

	11309	CERTIFICA	AIL OI DLAIII	R	leg. Dist. No.		
1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (Where a. STATE Maryla	h COUNTY	Residence before admission) Frederick		
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Brunswick		Years	c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Prunswick				
or institution	TTAL (If not in hospital, give street D. Street	address)	d STREET ADDRESS 30 East I	Street	e. IS RESIDENCE ON A FARM? YES NO		
NAME OF DECEASED (Type or print)	First ORRA	JANE	JACOBS 4.	OF OCTOBER	r 6, Day Year 59		
5. SEX Female	White widowi		B. DATE OF BIRMA September 27,18	370 89 birthday) A	UNDER 1 YEAR IF UNDER 24 HR		
Housewo	TON (Give kind of work done 10b, orking life, even if retired) PK	At Home	STRY 11. BIRTHPLACE (Stole or f		USA		
3. FATHER'S NAME	hael Hunter		14. MOTHER'S MAIDEN NAM	Hannah Oglan			
	/ER IN U. S. ARMED FORCES? 16		MFORMANT Mrs. Ollie Mundy	Address.			
PART I DE	- the same of the	ne for (c). (b), and (c).] Lmonary Eden	18.		INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if	any, which) (b) CO)	ngestive Hea	rt Failure		2 yrs.		
couse (a), stating lying cause last	g the under- DUE TO	pertension			2 yrs.		
Z	THER SIGNIFICANT CONDITIONS		A		I IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO X		
	VAS UNDERLYING D G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part	I ar Part II of item IB) * x*			
ZOC. TIME OF INJU Hour a.m. p.m.	White	Nat while fo	ACE OF INJURY (Hame form, 12 ctary, street, affice bldg , etc.)	20f. (City ar tawn)	(Caunty) (State		
21. I certify to alive arDC to	that I attended the deceas	ed fram Mar 31		fram the causes and DRESS (Street, city ar town, sta	at I last saw the decease an the date stated above DATE SIGNE 10/7/59		
PHYSICIAN'S NAME (Type)	C. T. Byron Kac	, M.D.					
22a BURIAL CREMATI REMOVAL (Specif Burial	Oct 9,1959	22c. NAME OF CEMETERY C Union Cemeter		LOCATION (City, town, or income that the contraction)	virginia		
3. FUNERAL DIRECTO	r's signature schison & Son, Fi	ADDRESS rederick, Mary	Land 24a. REC'D B	0 100	LING & Thomas		



ADDRESS

FUNER page 0 VS A15 (4) 1SM 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE

- 61 " · ·

U.S.A. Address 359 W. Patrick St. Fred. Md. INTERVAL BETWEEN ONSET AND DEATH 1103 PERFORMED? YES 🗍 NO 📅 (County) (Stole) 19-22...that I last saw the deceased and that death occurred a Land AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (State) Mt. Olivet Cemeterv Frederick, Maryland 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR arthur S. Trans Frederick, Maryland DATEDET 21 '59

11370

. IS RESIDENCE

YES NO NO

Year

19

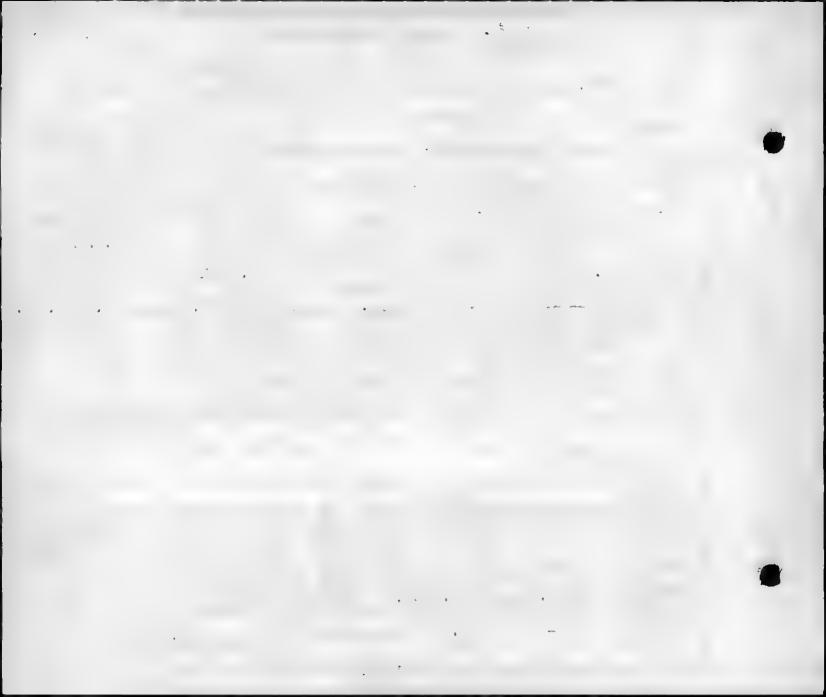
Hours

12. CITIZEN OF WHAT COUNTRY?

Frederick

Day

Days



0 VS A15 (4) 15M 9/58

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased fixed I I institution, Residence before admission) **6 COUNTY** Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM YES NO Month Yeor 1959 October 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B birthday) Months Days 12 CITIZEN OF WHAT COUNTRY? USA 20 West Tith Street, Mr. Leroy B. Jones, Frederick, Maryland INTERVAL BETWEEN ONSET AND DEATH PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO TO (County) (Stote) death accurred at 2:30Am, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City fown, or county) (State) Boonsboro, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland Cathing & Traves 2 159

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



		1137		CERTI	FICA	TE OF D	EATH	ł		F	Reg. Dis	1. No.	13	72
)	1. PLACE OF DEATH o. COUNTY	derick		жил		2. USUAL RESII o STATE	Mary]		d lived. If in b. COL		_	red		
	b. CITY OR TOWN (I RURAL ond give no Frederick	f outside carparate limit carest town)	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	own (If o		rote limits, w	rite RUR	AL and g	ive near	est town	1)
>	OR INSTITUTION,	Al (If not in hospital, gleemorial Ho				/d. STREET A	ddress Lee Pl	ace				0	ON A	FARM?
	3. NAME OF DECEASED (Type or print)	CECIL		Middle MORAN	1	LAND		4. DATE OF DEATH		Month Oct	ber	Doy	2,	19 ⁵⁹
	5. SEX Female	6 COLOR OR RACE	7. MARRIE	DIVORCE		ebruar		1888	9. AGE (In)	loy) A	······································	1 YEAR Doys	Hours	R 24 HRS Min.
,	100. USUAL OCCUPATION during most of wark House-W	ing life, even if retired)	ione 10b. K	IND OF BUSINESS C At Hon		RY 11 BIRTHPL	_	ar foreign c na •	ountry)		12 CITI	US.		OUNTRY?
/	13. FATHER'S NAME John I	. Moran				14. MOTHER'S			aloney	,				
	15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORG	RYICE)	ocial security no None		ormant Daniel	LS. I	andes	-Same	Address		#2		
	Canditians, if or gave rise to in couse (a), stating lying cause last.	mmediate (Di	sauzuna	thou		THE TERM!	NAL DISEAS	E CONDITIOI	N GIVEN	I IN PART	D	Lyn.	AJTOPSY RMED?
2	(IF EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)		OTICA + O	0	(Enter noture o		dir I ar Par		B.)			-	NO 🗍
	ZOC. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yeo	while of work	URY OCCURRED Not while ot work	20e. PLAC facto	E OF INJURY (ry, street, office	Hame, farm bldg., etc.	, 20f. (City	y or tawn)		(0	ounty}		(Stote)
	21. I certify that I attended the deceased from													
1		ames B. Tho		M. D.		Frede	rick,	Maryl	and					
	Burial (Specify)	Oct.15,19		Mount Ol:			У		rion (City to ederick	,				land
	M. R. Etch:	s signature ison & Son,	Fred	erick, Man	rylan	d		1 5 '59			rar's sic 1 2. f		E	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



L		CERTIFIE	TIE OF BRATT	•	Reg. Dist.	No.				
1	PLACE OF DEATH		2 USUAL RESIDENCE (Wh	ere deceased lived	Institution Residence	before admission)				
	Frederick	MARYLAND	o. STATE Maryla	nd b	COUNTY Freder	rick				
Г	b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	:. CETY OR TOWN (If outside corporate limits, write RURAL and give nearest fown						
L	Frederick	Years	/, Freder							
	d NAME OF HOSPITAL (If not in hospital, give stree OR NSTITUTION Frederick Memorial Hospi	ital	/ d STREET ADDRESS 5 West	Fifth Str	reet	on a farm? YES NO K				
3.	NAME OF First	Middle	last	4. DATE	Month	Day Yeor				
	(Type or print) MARY	ROSETTA	LAYMAN	OF DEATH	October	30, 19 59				
5	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS				
	Female White WIDOV	VED DIVORCED	16 June 1875	84	rthday) Months D	lays Hours Min.				
10	10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12.CI									
	during most of warking life, even if retired) HOUSO-WORK	At Home	Maryland		USA					
13	3. FATHER'S NAME		14 MOTHER'S MAIDEN N							
L	George W. Layman		Sophia R.	Favorite						
15		-1 01 0440 -	orge M. Layma	n, Freder	othost.,					
	1B. CAUSE OF DEATH [Enter only one couse per_	ine for (a), (b), and (c).]	4			INTERVAL BETWEEN				
ı	PART I. DEATH WAS CAUSED BY:	rebrat JA	nombres			ONSET AND DEATH				
L	DUE TO									
ı	Conditions, if any, which) (b)	Interio po	nosus							
1	gove rise to immediate Couse (a), stating the under:	(
	lying cause lost. (c)									
2	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDI	FION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED?				
CAT	Dishetis bell	lus.				YES NO				
CEPTIFICATION		SCRIBE HOW INJURY OCCURRE	D. (Enter nature of in ary in I	Part I ar Part II of ite	m 1B.)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d	l'a	ACE OF INJURY (Home, form clory, street, office bldg, etc.		(Co	unity) (State)				
MED	Hour a.m. 19 While at we	e Not while ork at work	ciory, arrear, writer plug , etc.							
	21. I certify that I attended the decea	sed from Such 1	2 , 1927, to (leh 30	19.5 9that I last	saw the deceased				
	alive on Och. 30 19.		accurred at 10:30							
	1 1/1/	7		ADDRESS (Street, city		DATE SIGNED				
ı	ACTUAL SIGNATURE	carre	M.D 4 E. Churc	h St.	31	. Oct 1959				
	PHYSICIAN'S A. A. Pearre, M	D.	Frederick,	Md.						
2	PO BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (Cit	y, town, or county)	(State)				
	Burial (Specify) 11-3-59	Methodist Co	metery	Lewistown	, Maryland	l				
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 2	4b. REGISTRAR'S SIGN	NATURE				
1	M. R. Etchison & Son, Frederick, Maryland DATE NOV 2 '59 Cuthun S. Huma									

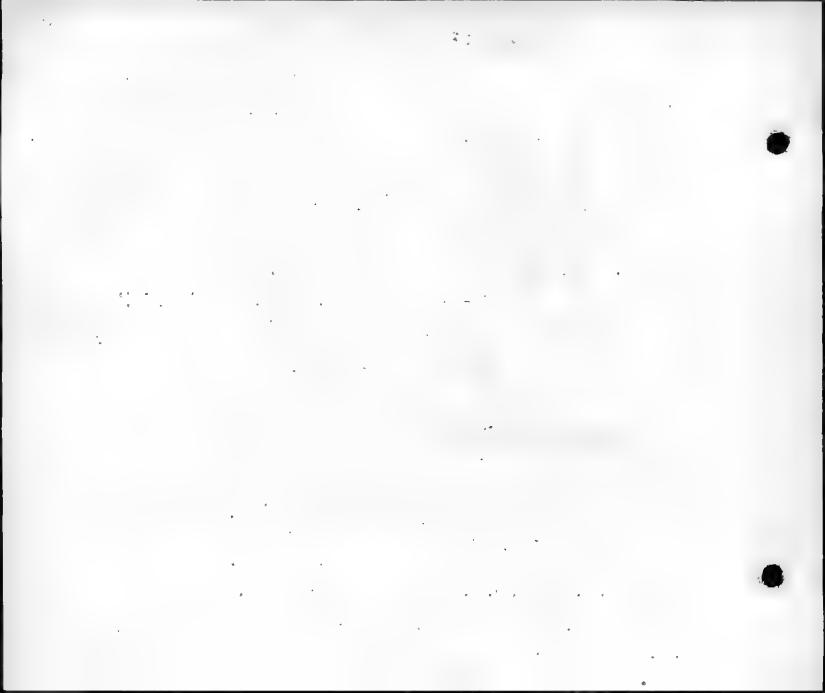
may be referred by the haspital or ottending physician.

D FUNERAL CTOR: After this certificate has been signed by the ottending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be fited with the registrar prior to buriol, crematian, or removal, and in any event within 72 hours offer death. ofter death. Page 4 5.5. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours \$ 9 may be referred by the haspital at other ding physician.

TO FUNERAL COR: After this certificate has been signed by the other ding physician and completely filled in the paper 3 should be described for use as the hard-internal permit. Then olders remove carbon papers. Pages 1 and 1

Byt

0107



VS A15 (4) 15M 9/55

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24-	1	1		
(_ ` _		6	But.	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

11374

				wag.	Dist. No.	
1. PLACE OF DEATH D. COUNTY		2. USUAL RESIDENCE (WI	are deceased live		lence before o	dmission)
Frederick	MARYLAND	Marylan	đ	b. county Mon	tgomer	y /
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If a	utside carporate l	imits, write RURAL on	d give nearest	town)
Frederick	10 hours	Barnesvi	lle	15.		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS			1 0	RESIDENCE
Frederick Memorial Hospita	1	1			YE	S NO
NAME OF FIRM	Middle	Lost	4. DATE OF	Month	Day	Year
(Type or print) STRILIA	V	LILLARD	DEATH	70	30	1939
SEX 6. COLOR OR RACE 7. MARR	RIED MEVER MARRIED	B. DATE OF BIRTH	9. At	GE (in years IF UND st birthday) Months		UNDER 24 HIÉS ours Min
F ω widowi	ED DIVORCED	Jan. 25-189		67 yrs	- Days Inc	ours min
On USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country	12. (CITIZEN OF W	HAT COUNTR
Housewife		Maryland			U.S.	
3. FATHER'S NAME H		14. MOTHER'S MAIDEN N	IAME			
William EXEX Renn		Rehea	ca Smith			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Ca Gurti	Address		
Yas, no, or unknown) (If yes, give wer or dates of service)		. * *				
The state of the s	one Ma	J.R. illard.	Harneeri	lle Maryle		AL BETILIPELL
18. CAUSE OF DEATH [Enter only one cause per la PART I. DEATH WAS CAUSED BY:	ne for (o), (b), and (c).		,		ONSET	AL BETWEEN
IMMEDIATE CAUSE (o)	irely successi	N Cleenden	4		20	-frous
DUE TO	1 0					
Conditions, if any, which) (b)	sterio selensi	s ceneral	scal		40	uno.
gove rise to immediate OUE TO			0		0	
lying couse lost. (c)						
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CO	NDITION GIVEN IN PA) P	ERFORMED?
-						
3					YE	ѕ □ но Ю
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I or Part II of	item 18.)	YE	2 □ NO KI
	NJURY OCCURRED 20e. PI	LACE OF INJURY (Home, farm), 20f. (City or to		(County)	
20c. TIME OF INJURY Manth, Day, Year 20d. II Hour a.m.	NJURY OCCURRED 20e. Pl), 20f. (City or to			
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. m. 19 While of war	NJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, form cotory, street, office bldg., etc	20f. (City or to	own)	(County)	(State
20c. TIME OF INJURY Manth, Day, Year 20d. II Hour a. m. 19 While of war 21. I certify that Lattended the deceas	NJURY OCCURRED 20e. Plet of work and work and seed from 10/30	LACE OF INJURY (Home, farm cotory, street, affice bldg., etc., 1957., to.,), 20f. (City or to		(County)	(State
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a.m. 19 While p. m. 19 of wor	NJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, farm cotory, street, affice bldg., etc., 1957., to.,	20f. (City or to	own) 1, 19 2 Zthat e causes and on	(County)	(Stote
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a.m. 19 While of war 21. I certify that I attended the deceas alive an 2.30 , 19.	NJURY OCCURRED 20e. Plet of work and work and seed from 10/30	LACE OF INJURY (Home, farm cotory, street, affice bldg., etc., 1957., to.,	20f. (City or to	own) 1_, 19	(County)	(State
20c. TIME OF INJURY Manth, Day, Year 20d. II Hour a. m. 19 While of wor 21. I certify that I attended the deceas	NJURY OCCURRED 20e. Plet of work and work and seed from 10/30	LACE OF INJURY (Home, farm cotory, street, affice bldg., etc., 1957., to.,	20f. (City or to	own) 1, 19 2 Zthat e causes and on	(County)	(State)
20c. TIME OF INJURY Manth, Day, Year 20d. II Hour a. m. 19 While of war 21. I certify that I attended the deceas alive an 12. ACTUAL	NJURY OCCURRED 20e. Plet of work and work and seed from 10/30	LACE OF INJURY (Home, farm cotory, street, affice bldg., etc., 1957., to.,	20f. (City or to	own) 1, 19 2 Zthat e causes and on	(County)	(State
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a.m. p. m. 19 White of war 21. I certify that Lattended the deceas alive an 19 ACTUAL SIGNATURE RULLING C. PHYSICIAN'S RICHARD C. 220. BURIAL CREMATION, 122b. DATE THEREOF	NJURY OCCURRED Not white of work of wo	ACE OF INJURY (Home, farm cotory, street, affice bldg., etc., 1957, to., to occurred at 407, M.D. 9 6	20f. (City or to	own) 1, 19 2 Zthat e causes and on	(County) I last saw the date s	(State)
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a.m. p. m. 19 of war 21. I certify that Lattended the deceas alive an 22 22 19 22 22 22 22 22 22 22 22 22 22 22 22 22	NJURY OCCURRED Not while the of work of the of work of the original origina	ACE OF INJURY (Home, farm cotory, street, affice bldg., etc., 1957, to., to occurred at 407, M.D. 9 6	20f. (City or to	J., 19 S. Shate e causes and on city or town, stote) Level & H. (City, town, or county	(County) I last saw the date s	(State) the decease stated above DATE SIGN
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. m. p. m. 19 White of war 21. I certify that Lattended the deceas alive an 12. ACTUAL SIGNATURE RELATED C. PHYSICIAN'S RICHARD C. 220. BURIAL CREMATION, 22b. DATE THEREOF	NJURY OCCURRED Not while the of work 20e. Pl for the original properties Reynolds REYNOLD 3.	LACE OF INJURY (Home, form cotory, street, office bidg., etc., 1957, to., noccurred at 477, M.D. 9 6	20f. (City or to	own) 1, 19 5 Zithat e causes and an city or town, store) 2 Leaf 87 Mcl.	(County) I last saw the date s	(State) the decease stated above DATE SIGN



	11590	CERTIFIC	ATE OF DEATE	1	Reg. Dist. No.
PLACE OF DEATH	Frederick	MARYLAND	2 USUAL RESIDENCE (Who o STATE Maryl	ere deceased lived. If institution and b. COUNTY	Residence before admission) Frederick
	N (If outside corporate limits, write nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RUF	RAL and give nearest town)
	nswick	Life	Brunswick	: 3	
d NAME OF HO	SPITAL (If not in haspital, give street	address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
OK INSTITUTION	East Potomac	Street	East Poto	mac Street	YES NO 1
NAME OF	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Eugene	-	Long	DEATH 10	26 1959
5. SEX		IED NEVER MARRIED	8 DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
Male	White willow	DIVORCED	10-15-1959	1914 45 yrs.	Months Days Hours Min
Oa. USUAL OCCUP	ATION (Give kind of work done 10b. working life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Pross O		Price Elect:	ric Marylan	ıd	U.S.A.
3. FATHER'S NAME			14 MOTHER'S MAIDEN N	IAME	
	William H.L	ong	IV	Minnie F.Brow	n
5 WAS DECEASED	EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT	Addres	5
No.	(If yes, give war or dates of service)	1	Mr.W.H.Long	Brunswic	k, Maryland
	DEATH [Enter only one couse per lie	ne for (a), (b), and (c).]			INTERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ulmonary Ed	ema		ONSET AND DEATH
581.1	DUE TO				
	fony, which) (b) L	iver Cirrho	ราร		24 hrs
gove rise to	immediate (
lying couse to	Ind the under- I	hronic Alco	holism		
	OTHER SIGNIFICANT CONDITIONS			NAL DISEASE CONDITION GIVE	N IN PART I(a) 19 WAS AUTOPSY PERFORMED?
<u> </u>					YES NO 🔼
OR CONTRIBUT	WAS UNDERLYING ☐ 20b. DESCING ☐ CAUSE OF DEATH (IFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in f	Port I or Port II of item 18.)	
20c TIME OF IN	m. While	_ Not while f	LACE OF INJURY (Home, form octory, street, office bldg , etc		(County) (State)
21 Leastifu	that I attended the deceas	ed from Harch	10 58 to Oc	toher 10594	nat Flast saw the deceased
	ctober 26, 19		h accurred at 2 Pa	M from the courses and	on the date stated above
Cirio on L		- Silva Indi dedi		ADDRESS (Street, city or town, st	
ACTUAL SIGNATURE.		are	MD 15 So.	Maryland Ave	-e
PHYSICIAN'S NAME (Type)	C.T. Byron Ka	o, II.D.	Brunswi	ick, Maryland	
20 BURIAL, CREMA	ATION, 226. DATE THEREOF	22c. NAME OF CEMETERY		22d LOCATION (City, town, or	
TO REMOVA Spec	(ify) 10-28-1050	Brathann H		Brownsville	

24g, REC'D BY REGISTRAR

DATE NOV 2

246. REGISTRAR'S SIGNATURE

ADDRESS

Brunswick, Maryland

requires that the death certificate be executed within 24 has attending physicion and completely filled in carbon papers. remove carbon Then please d by the haspital ar ottending physician.
ECTOR: After this certificate has been signed by the
pe detached far use as the burtol-transit permit. Then permit. TO HOSPITAL OR ATTENDING PHYSICIAN: The law may be reto TO FUNERAL page 3 shouther registrant

remayal,

after death Page 4

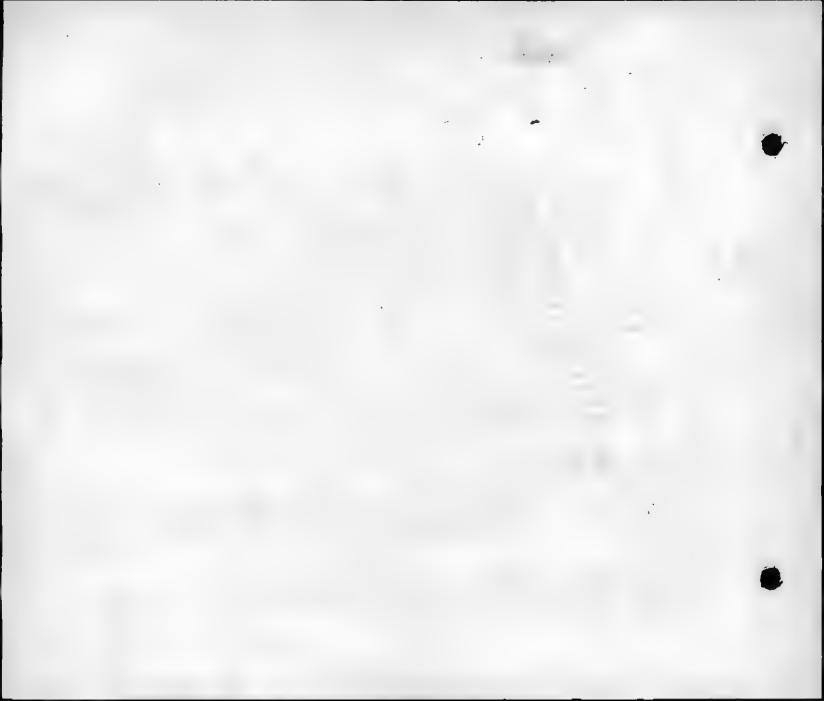
V5 A15 (4) 15M 9/58



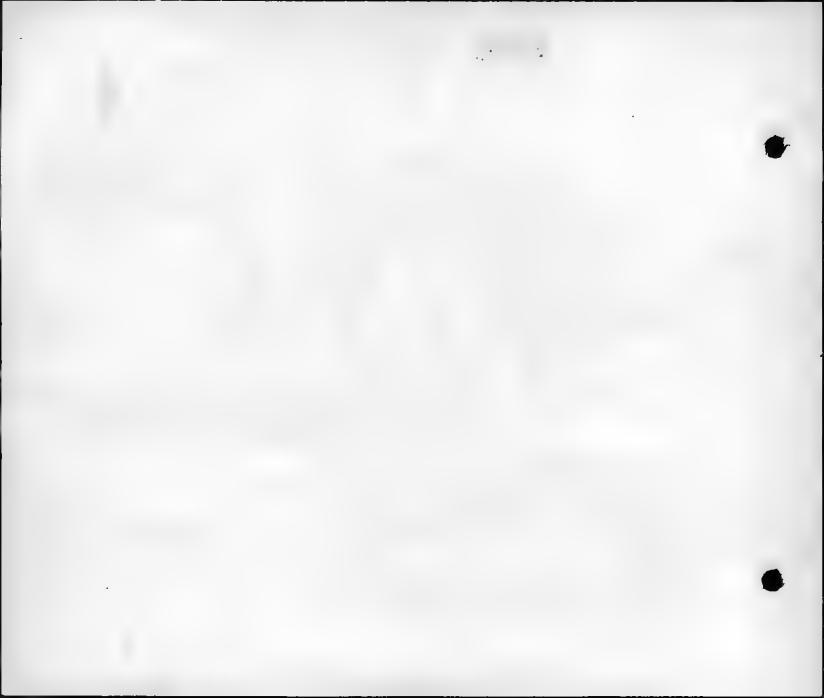
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT. 1. PLACE OF DEATH COUNTY Health, 6.73 MARYLAND CITY OR TOWN E LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gye street address) d STREET ADDRESS NAME OF 4. DATE First Middle DECEASED OF DEATH (Type or print) MARRIED ST 9. AGE (In yours WIDOWED M 100. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY during most of working life even if retired) 13. FATH號'S NAME MOTHER'S MAIDEN NAME ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per ling for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), staling the underlying course last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)219, WAS AUTOPSY () 20g. EXTERNAL CAUSE WAS 20b_ DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18) PRIMARY SO OF CONTRIBUTING CAUSE OF DEATH. AND INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, 20f. [City or fown] faciary, street, office bidg , etc.) While Not while of work of work 21. I certify that I took charge of the remains described above, held an Autopsy (). Inspection opinion death resulted from: Natural causes . Accident . Suicide . Homicide . ACTUAL M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER P NAME (Type) 220. BURIAL CREMATION, 226 DATE THEREOF 22d. LOCATION (City, lown, or county) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Kraus 5M 2757 DATE

11376

Reg. Dist. No. 2. USUAL RESIDENCE (Where decembed lived. If institution: Residence before admission) COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) e IS RES D' ON A FARM? YES NO Y IFUNDER TYEAR IF UNDER 24 HES Months Days Hours 12 CITIZEN OF WHAT COUNTRY? PERFORMED? NO O (Slote) and in my Undetermined monner DATE SIGNED

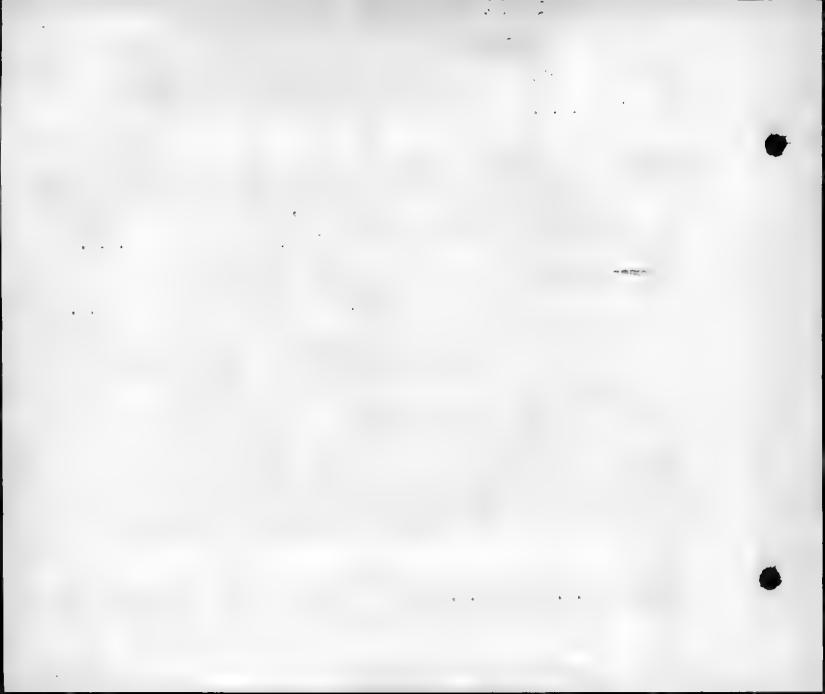


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



old be notian,			MEDICAL E	XAMINER'S	CERTIFICAT	E OF DEATH	Reg. Dist. No. 11379
	ı	1	ACE OF DEATH		2. USUAL RESIDENCE IN	here deceased lived. If Institu	otiani Residence before admission)
Comment of the Commen			Frederick	MARYLAND	g. SIAWartla		ward
Poge Poge	- 1	b	CITY OR TOWN (If outside corporate limits, write BURAL C. LE	NGTH OF STAY IN 16			RURAL and give nearest tawn)
Poge A				lours	Poplar	Springs	1 -
5 5	7	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	ive street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
Z >	< [YES NO
200	ſ	3. !	AME OF First	Middle	Lost	4. DATE Mont	th Day Year
y de neral nour gistra	- 1		CEASED James H	dward	Mathias	DEATH Ontober	,
8 % C E	H	5 S				9. AGE (In years	
# Port		J. J.	Male White WIDOWED			lost birthdoy)	Months Days Hours Min.
3 ta taine taine	-	10-			March 9,18		<u> </u>
ifter de 3, and 3 and 2 v		d	USUAL OCCUPATION (Give kind of work done 10b. KIND Or ring most of working life, even if retired) Retired farmer	Wen tier	Maryland	ar tareign country)	U.S.A.
2 2 2 2		13.	ATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
5 may ges 1.)	5	James Mathias		INVITE Alan	v. 9- 41/1	44.
Poge 5	′ ŀ	15.	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17. IN	FORMANT	Address	-
P P P P P P P P P P P P P P P P P P P		(You,	in a granowa) Ili yes, give wor or dates of service)				
€ 0 m .	-	7			S'MCTTIC M	athias, Mt A	
\$ 000 € E		-1	8. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
of the second se		-	IMMEDIATE CAUSE (a) COI	onary Occ	lusion		Minutes
be exected in the with for with for the formula for the formul		-	4-20, / DUE TO				
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Ö 5 € €			GRATURE SOMEONE	22	M.D. CHIEF MEDICAL EXA	VMINER 🔲	DATE SIGNED
× 3 0 0	J.	- 1			ASSISTANT MEDICAL	L EXAMINER	
			EXAMINER'S B.O. Thomas, M.D.	•	DEPUTY MEDICAL EX	KAMINER #1 Octo	ober 18,1959
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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requires that the death certificate be executed within an. n signed by the attending physician and campletely fill this permit. Then please remove carbon papers. Page any event within 72 hours after death.			ATH [Enter only one cause ATH WAS CAUSED BY	per line far (a),	(b), and (c)	71	andi On	A
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Spite		21. I certify th	at I attended the de	eceased fran	Lu	MR 1952	10 10/19	< 19Š
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RAI sho		NAME (Type)]	r. A. Talbo	ott Bri	.ce	<u> </u>	efferson 🗼	A.d.
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No. lution. Residence before admission) Frederick e RURAL and give nearest town) e IS RESIDENCE ON A FARM? YES NO Aonth Day **Уерг** 18 19 50 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12 CITIZEN OF WHAT COUNTRY? U.S. ddress ferson, Md. INTERVAL BETWEEN ONSET AND DEATH GIVEN (N PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO (County) (State) I, that I last saw the deceased and on the date stated above. n, or county) (State) n, Md. GISTRAR'S SIGNATURE ribur of travel



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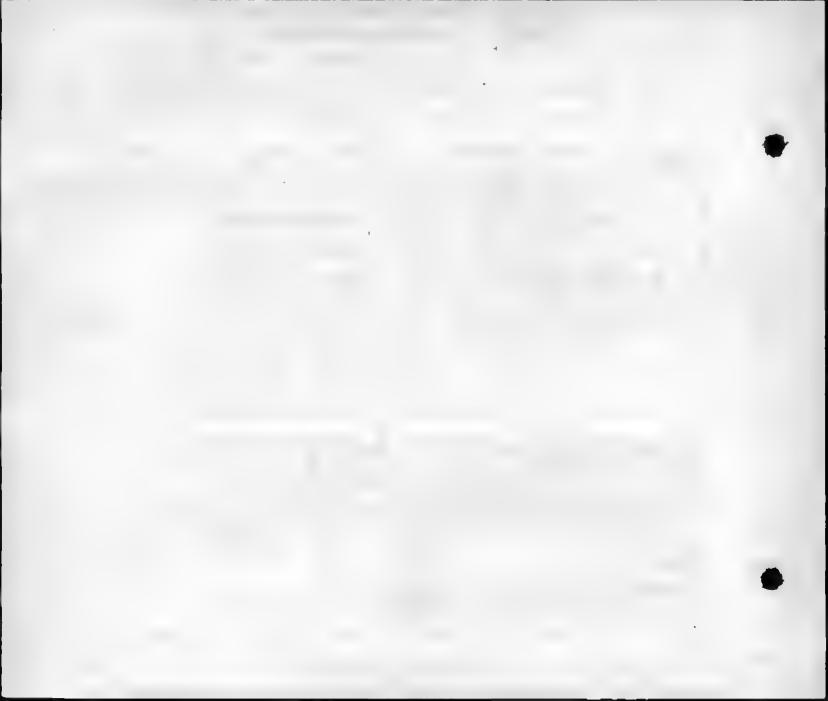
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	Keg. Dist. No.
1. PLACE OF DEATH O. COUNTY Trederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution is STATE MARYLAND D. STATE MARYLAND	The Name &
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrets fown) Level Made And Fixe X Med Medical	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, after street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EMMA LAURA MCCLAIN DEATH OC	Doy Year . 30 19 57
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH WIDOWED DIVORCED Queg. 14 1876 9. AGE (In years last birthday) 83 yrs	Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY W BIRTHPLYCE (State or foreign country) Own home Maruland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Transia Reymon audita Harshme	au-
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address of services (1949) (If yes, give wor or dotes of services) (If yes, give wor or dotes of services) (If yes, give wor or dotes of services)	Viduray ml.
1B. CAUSE OF DEATH [Enter only one cause per line for (a). (b). ond (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAUSE (a) COLOR COLOR	INT RVAL BETWEEN
Conditions, if any, which to the Carlo Renat assessed from	10 2/4-
cause (a), staling the under- lying cause lost. DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work at work.	(County) (State)
1 1 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/1	that I last saw the deceased
ACTUAL SIGNATURE 1: 9, Brun & MD. 30 W CLL July	
PHYSICIAN'S LI-G. BOURNE). Julium to So	-z. C .
220. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, o Burial Specify) Nov. 2, 1959 Rocky Ridge Cemetery Rocky Rid	ege md.
400	TRAK'S SIGNATURE



11381 Rea. Dist. No. e. IS RESIDENCE ON A FARM? YES NO A Month Day Year 19.5 9 IF UNDER 1 YEAR IF UNDER 24 HES Months Days 12. CITIZEN OF WHAT COUNTRY? U.S.A Address INTERVAL BETWEEN ONSET AND DEATH 71657 PERFORMED? YES NO (State) (County) ... 19<u>17</u>, that I last saw the deceased DATE SIGNED 22d LOCATION (City, lown, or county) (State)

TO FUNER

673

220. BURIAL CREMATION.

Raymond

23. FUNERAL DIRECTOR'S SIGNATURE

E.

Oct.IO.1959

Creager

Μt

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

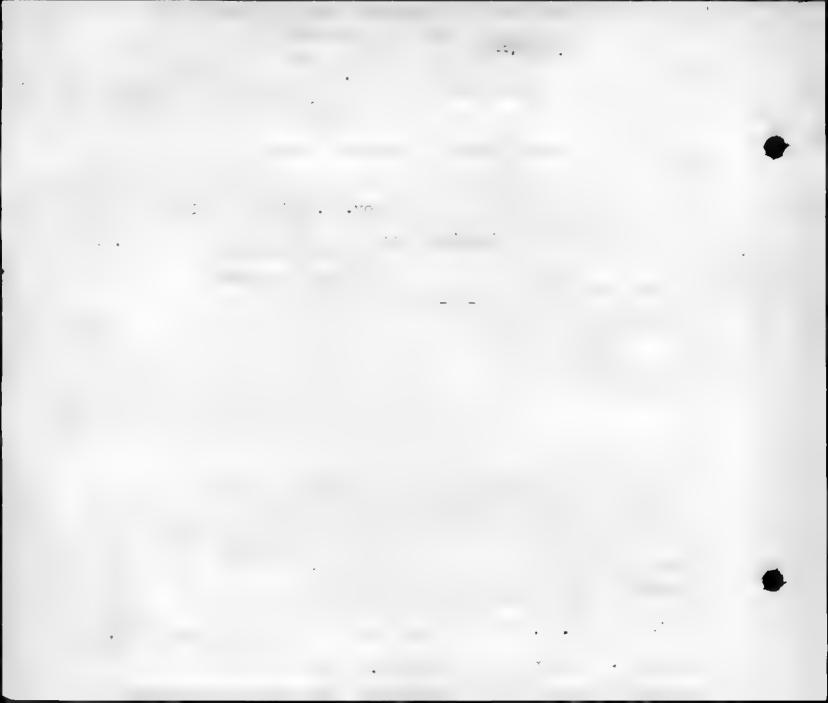
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24a. REC'D BY REGISTRAR DATE OCT 1 3 '59

24b. REGISTRAR'S SIGNATURE Chilling St. Hrand

Co Md

Rocky Ridge Fredk.



ADDRESS

Coffnan Hagerstown Md.

IS RECIDEN 1 ON A FARM?

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19

IF UNDER TYEAR IF UNDER 24 HRS

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Rea. Dist. No

6. CWashington

If institution Residence before admission)

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	EDICAL EXAMINER	• •		DATE	SIGNED
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23. FUNERAL DIRECTOR'S SIGNATURE



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ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	
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	11414	CERTIFICA	ATE OF DEATH	1		Reg. D	ist. No	11	383
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Who	ere decease	d lived. If institute b. COUNTY				sion)
	Frederick	MARYLAND	Maryla	nd	5. CO 51111	Fre	der	1ck	
Г	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If or	utside corp	orote limits, write Ri	URAL ond	give ne	arest low	n)
	New Market	2vrs	X New Ma	rket					
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION		d. STREET ADDRESS					ON A	SIDENCE A FARM? NO X
3.	NAME OF First DECEASED (Type or print) Mary	Jane 0	rem	4. DATE OF DEATH	Mon O C	h tobe	r l	_	Yeor 19 59
5.	SEX 6 COLOR OR RACE 7. MAI	RRIED X NEVER MARRIED	B. DATE OF BIRTH		P. AGE (In years lost birthday)	-		1	ER 24 HRS.
	Female Col. WIDOW	VED DIVORCED	Feb. 12. 1	897	62 75.	Months	Doys	Hours	Min
10	USUAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired)	. KIND OF BUSINESS OR INDU			country)	12. C	ITIZEN C	OF WHA	COUNTRY
	Housework		Lewisd	ale.	. bM		1	USA	
13	FATHER'S NAME	**************************************	14 MOTHER'S MAIDEN N						
	Vatchel Lyles		Clarsi	a 7.1	egler				
	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17. I	NFORMANT		Addi	est			
1	nt, no or unknown) (If yes, give war or dates of service)	17-30-2332	Mrs Ethel L	. Do	rsev. M	t. A	irv	. Mo	đ.
-	18. CAUSE OF DEATH [Enter only one couse per			1	1 /			ERVAL B	
	PART I. DEATH WAS CAUSED BY:	arcinoma (will 6 Clary .	120	retista	7.8	ON	SET AND	DEATH
	DUE TO	7	1.0	,			1		4
	Conditions, if ony, which) (b)	arainma	De villed				(.	126	luill
	gove rise to immediate Couse (c), storing the under-			_					
1	lying couse lost. (c)								
CATION	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(0)	PERF	AUTOPSY ORMED?
CERTIFICA	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Po	rt II of item \$8.}				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. 19 at we	- An-	ACE OF INJURY (Home, form, clory, street, office bidg., etc.)	20f. (Cit	y or town)		(County)		(State)
	21. I certify that I attended the decedalive on 19		, 195-1, to 4		1954 m the couses o				

ACTUAL SIGNATURI

Frederick, Maryland Thomas, PHYSICIAN'S NAME (Type)

720 BURIAL, CREMATION. 226. DATE THEREOF BURIAL (Specify) 10/20/50 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Pleasant Grove 10/20/59 SUNERAL DIRECTOR'S SIGNATURE

ADDRESS Damascus,

DATE DET 2 1 59

ADDRESS (Street, city or town, slote)

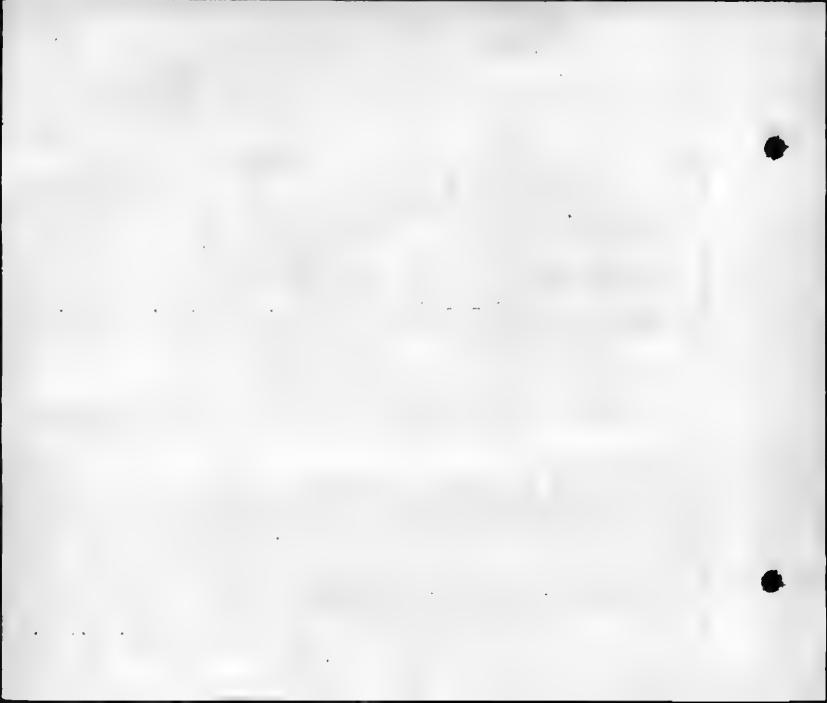
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Montg. 24b. REGISTRAR'S SIGNATURE DATE SIGNED

Md.

(Slote)

Co. .



	d in he funeral director,	1 and 2 should be filled with	
	completely filler	papers. Pages	path
	attending physician and	en please remayer carban	1 within 72 hours after de
or arrenaing physician.	ter this certificate has been signed by the att	far use as the burial-transit permit. The	egistrar prior ta burial, cremotion, or removal, and in any event with
may be retain by the haspitat of	O FUNERAL CTOR: After this	page 3 shauld be detached far us	the registrar prior ta burial, crem
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HOSPITAL OR ATTINGING PHYSICIAN: The law requires that the death certificate be executed within 21 haurs after death. Page

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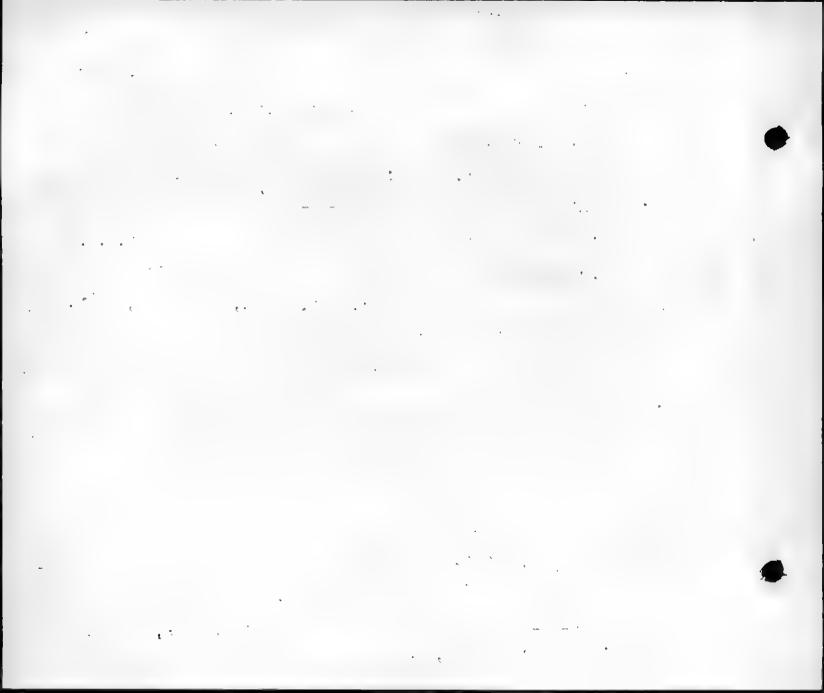
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1SM 9/58

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o STATE b. COUNTY MARYLAND Frederick Marvland Frederick b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE OR INSTITUTION d. STREET ADDRESS ON A FARMS 118 West 1hth Street emorial Hospital YES NO Frederick NAME OF DECEASED Middle 4. DATE Last October PAINTER MAY (Type or print) CORA DEATH 19 S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months Days May 14, 1907 DIVORCED | WIDOWED [7] White yrs. Female 10a USUAL OCCUPATION (Give kind of work dane) 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Shoe Repair Shop Penna. Clerk 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Emma Bartgis George E. Ebert 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Mr. Meredith J. Painter-Same as Item #2 220-03-2461 No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? de CAT YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) MEDICAL TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) Doy, Year (County) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work D. m. 19_57, that I last saw the deceased 21. I certify that I attended the deceased from , and that death occurred al. 155A.M., fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Professional Building SIGNATURE PHYSICIAN'S Frederick, Maryland Louis R. Schoolman . M. D. NAME (Type) 220. BURIAL, CREMAT ON, 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) Burial (Specify) Mount Olivet Cemetery Maryland Oct.23. Frederick. 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE M. R. Etchison && Son, Frederick, Maryland DET 2 3 '59 Crima & to



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





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1 3/1	1.	PLACE OF DEATH					2. USUAL RESIDENCE	Where deceased			fore admission)
		Д	rederick		MARYL		o. STATE Mar	yland	b. COUNT	Montge	mery
		b. CITY OR TOWN	idge R.F.	RURAL	c. LENGTH OF STAY IN	l 16	c. CITY OR TOWN (I		ote limits, write	RURAL and give a	nearest tawn)
	-						d. STREET ADDRESS	Chase			Total and a sure
>			TAL OR INSTITUTION (it not in nosp	HIDI, give street oddress)		4010 Vi	rgilia	Stree	t	ON A FARM? YES NO
	3.	NAME OF DECEASED (Type or print)	Aileen	it .	Middle Carroll	S	Schwartz	4 DATE OF DEATH	Month		
	5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED				AGE Ilin yeers	IF UNDER TYEAR	19 59 IF UNDER 24 HRS.
]	emale	White	WIDOWED		- T	July 10,19	I	39 yrs.	Months Days	Hours Min
	10	o. USUAL OCCUPATE	ON (Give kind of work on life, even if retired)			DUSTR	11. BIRTHPLACE (Stote	or foreign cour	itry)	12. CITIZEN C	F WHAT COUNTRY?
		Housec		Ow	n home		Pittsbur			U.S.	Α.
	13	FATHER'S NAME	e P.Rial				14. MOTHER'S MAIDEN		177		
	15		VER IN U. S. ARMED FO	RCES? IA S	OCIAL SECURITY NO.	17 IN	FORMANT		Address		
À	ĮY.	NG NG	(If yes, give war or dates of		None		arold Sch	wartz		Ridge.B	त जा
1	, =	18. CAUSE OF DEA	ATH Enter only one cau	se per ling fi	or (o), (b), and (c),	4		. 1	0	INTE	RYAL BETWEEN
		PART I. DEA	TH WAS CAUSED BY:	.55	un Shot	-	vound ?	home t	reart	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	SET AND DEATH
V	4	914.0	DUE TO								
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	Z		HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIV	EN IN PART I(n)	19. WAS AUTOPSY
1	STION										PERFORMED?
	14	20a. EXTERNAL CA PRIMARY DE CO CAUSE OF DEATH	USE WAS 20	b. DESCRIBE	HOW INJURY OCCURR	ED. (En	iter nature of injury in Por	rt I or Port II of	ilem 18)		
	L CERT						andling a c				
2	MEDICAL	4-450 P. m.	IO/IO/59	While	Not while	PLAC	E OF INJURY [Home, form ry, affect; office bldg., etc derick, Co.	m, 20f. (City or	lown)	rederi	ck.Ma Stote
1-	×				k of work	TE	re, held an Autops	Kock			
		1					ide [], Homicide		section x , eterm i ned c), and find that
				.3	, recident <u>Fri</u> ,	5016	Trointela	e [_], Ond	cremmed c	nose Ca.	
		ACTUAL SIGNATURE	1200	2	neces		M.D. CHIEF MEDICALE	XAMINER 🔲			DATE SIGNED
0	2	EXAMINER'S					ASSISTANT MEDIC	AL EXAMINER			
		NAME (Type)	B.O. Thom				DEPUTY MEDICAL			er II,	1959
	22	BURIAL, CREMATIC	10-13-		St. Antho:				N (City, town, o		(Stole)
	23	FUNERAL DIRECTO	-	11111	ADDRESS	LLY.		Dea:		tsburg,	Md.
	I	aymond]	Creage:	T	hurmont, 1	Md.	DATE	OCT 1 4 5	9 0	TRAITS SIGNATU	Make
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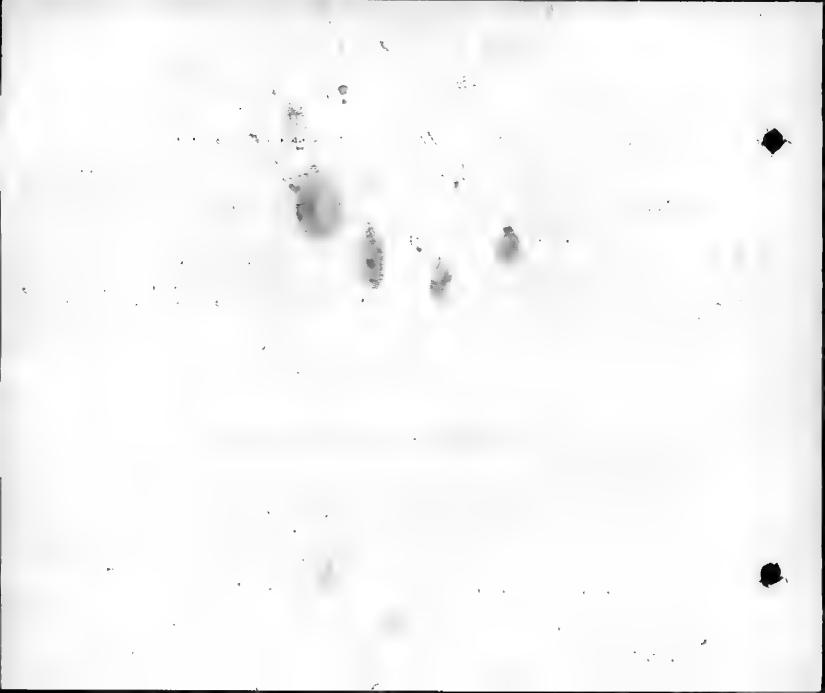
2 should 354

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dmath certificate be elecuted within 24 hours may be reto to the hospital or attending physician.

TO FUNERAL: CTOR: After this certificate has been signed by the ottending physician and campletely filled its page 3 show be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar into to burial, crematian, or removal, and in any event within 72 hours after death. CTOR: After this certificate has been signed by the ottending physician and campletely filled in the delached far use as the burial-transit permit. Then please remove partox papers. Pages 1 and to burial, crematian, or removal, and in any event within 72 hours after death. after death.

VS A15 (4) 15M 9/58

	- 1	270	CEKI	IFICA	ALE OF L	EAII	1		Reg. Dist.	No.	
1 PLACE OF DEATH a. COUNTY	Frederick	.010	MAR	YLAND	2 USWAL RESID	istri	ct of C	ed. If institute Oliverbia	on: Residence	before adm	ission)
b CITY OR TOWN RURAL and give Frederick	(If outside corporate lim nearest lown)		Since 5/5			own (If a ashin	outside corporate	limits, write Ri	JRAL and give	s nearest to	wn}
d. NAME OF HOSP OR INSTITUTION Frederick	Memorial H	ive street ad ospita	dress)		2854 C		Avenue,	N.W.		ON	A FARMS
3. NAME OF DECEASED (Type or print)	ANN		LOUIS		SEEG		4. DATE OF DEATH	Octo		16,	19 59
5. SEX Fenale	6. COLOR OR RACE	WIDOWED	DIVORCI	ED 🔲	B. DATE OF BIRTH Septembe	r 22,		AGE (In years less birthday) O2 yrs.	Months Do	YEAR IF UN	
Departmen	ON (Give kind of work orking life, even if retired tof Commer	1 _	nd of Business o ard of Ap		Mar Mar	yland	l	iry)	12. CITIZEI	US.	
	ilip Seeger						Elizabe				
15. WAS DECEASED EV	/ER IN U. S ARMED FOR	ervice!	None		nformant .ss Eliza	beth	Seeger,	327 Eat Frederi	t Patr ck, Ma	ick S rylan	treet d
PART I. DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		for (a), (b), and (c)		_					INTERVAL ONSET AN	BETWEEN ND DEATH
757./ Conditions, if gave rise to cause (a), stoting lying cause last	immediate DUE TO	Cm	Zists	s P.	olycog	ti	Kerl	veys		Lif —	L
20g. ACCIDENT W	THER SIGNIFICANT CON VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	4 yok	NTRIBUTING TO DE	re.	Cerre	ماسان	culu	Da	EN IN PART 1	PER	S AUTOPS EORMED?
7 20c TIME OF INJU	10	White	URY OCCURRED Not while at work	20e. PL fac	ACE OF INJURY (I clary, street, affice	dome, form bldg , etc	n, 20f. (City ar	tawn)	(Cou	nty)	(State
21, I certify to alive an	that I attended the	deceased , 19 S			accurred at	7:30	M, from the ADDRESS (Street	causes and t, city or town,	d an the c	date stat	decease ed abav ATE SIGNE .7/59
11770/	. E. Stone,					rick	, Maryla				
Burial (Specify		4	Mount Ol				Frede	rick,		Mar	y Land
23 FUNERAL DIRECTO	r's signature :hison & So	n. Fre	address .	[arv]	and		D BY REGISTRAL		TRAR'S SIGN		

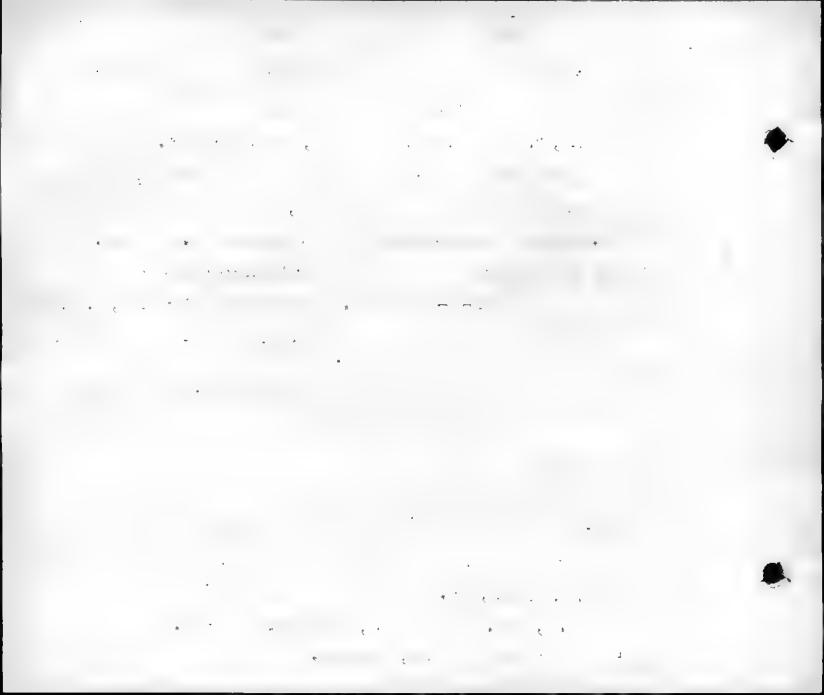


11390

Reg. Dist. No.

o. COUNTY	FREDERICK	MARYLAND	o. STATE MARY	LAND b	COUNTY FRED	
b. CITY OR TOWN RURAL and give I FREDERI C		te c LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and g	ive nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspitas, give st 1216, N. Mar		d. STREET ADDRES	s North Marks	t St.	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	CHARLES	Middle HENHY	SNYDER	4. DATE OF DEATH OC	tober 6,	Day Year 19159
5. SEX	1	AARRIED NEVER MARRIED	B DATE OF BIRTH	lost	oirthdoy) Months	YEAR IF UNDER 24 HI
10a. USUAL OCCUPATE during most of wo Gulf Oil (OWED DIVORCED DIVORDIVORDE DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIV	Frederi	itale or foreign country) ck County Ma		ZEN OF WHAT COUNTR
13. FATHER'S NAME	se hanser gran	dor	14. MOTHER'S MAID	tie Mercer	Characters	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO.	INFORMANT	ore mandel.	Address	
(Yes, no or unknown)	(If yes, give war at dates of service)	214-10-21:65	Mrs. Albert	s Lawson Sny	vder 1216.	N. Market
CATI	ony, which (b) (b) immediate of the under (c) (c) (c) (c)	Contributing to DEATH BU	T NOT RELATED TO THE TI	ERMINAL DISEASE COND		1(a) 19 WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING	G () CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury	y in Port I or Part II of ite	ım 18.)	
20c. TIME OF INJU Hour o. m. p. m.	, w	d, INJURY OCCURRED 20e. P hile Not while work at work	LACE OF INJURY [Home, octory, street, office bldg.,	form, 20f (City or lown, etc.)	(C	ounty) (Stat
21. I certify falive an	hat I attended the dec	eased fram 74, and that deat	h accurred at 🗸 📝	ADDRESS (Street, cit) N. Mack	ouses and an the yor lown, stole)	
PHYSICIAN'S NAME (Type)	B. O. THOM			Ost. 7-		
BURTAL Specify	Oct. 9, 195	9. UNION CHAP		andre or s	ity, fown, or county)	(State)
23. FUNERAL DIRECTOR DA LLEY JS	ES SIGNATURE FUNEERAL HOM	ADDRESS FREDERICK, 1	former] on d	OCT 9 59	246. REGISTRAR'S SIG	

VS A15 (4) 15M 9/5B

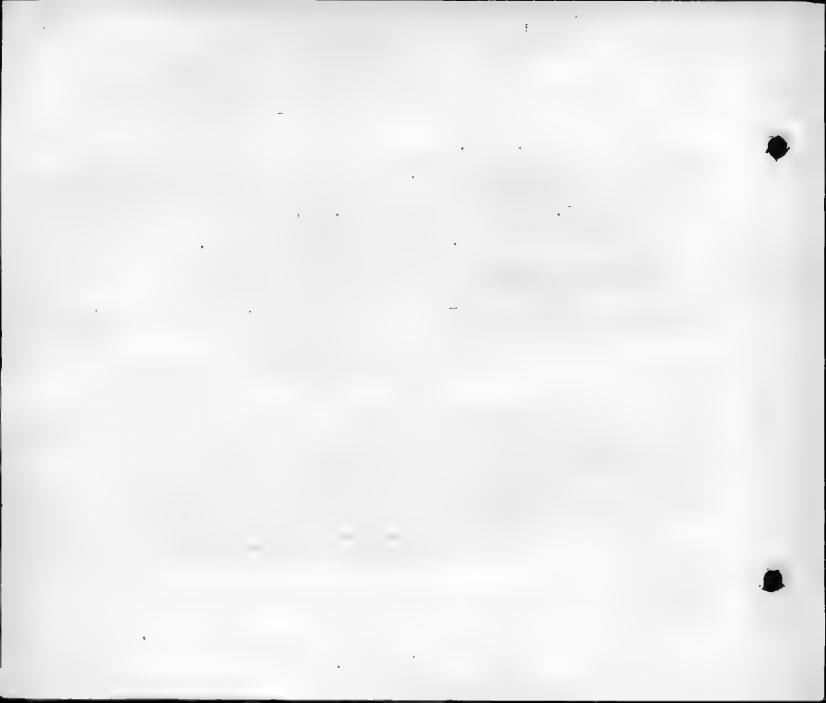


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11391

		111	380	CERT	IFIC/	ATE O	F DEA	TH			Reg.	Dist. No	APT.	, JOK
1.	PLACE OF DEATH							(Where de	eceased	lived. If instit	Iuliani Resid	lence befo	re odmi:	sion)
	ь. counтy Fred	erick		MAR	YLAND	o STA	Marvla	ดกป		b. COUN	ITY	Ном	ard	V
	b. CITY OR TOWN (II	outside corporate limi	its, write	c. LENGTH OF STAY	' IN 16				corporo	te limits, writ	e RURAL on			n]
ı	RURAL and give ne Fred	erick		3 days	3		Rural	- D	ais	v	12	1		
		AL (If not in hospital, i	ive street		<u></u>		EET ADDRESS		CALL D	-			e. 15 RE	SIDENCE
L		erick Me	m. H	esp.			RFD #	2 W	nod	hine				NO
3.	NAME OF DECEASED	Fic		Middle	,		Lost	4. 0	ATE		Aonth	De	DV .	Yeor
П	DECEASED (Type or print)	Fann	10	Elizabet	- In	Sto	nton	6	OF DEATH	0	atob		7	19 50
5.	SEX			RIED NEVER MARRI		8. DATE OF			9	. AGE (In yet lost birthdo			IF UNC	ER 24 HRS.
П	Female	Col.	WIDOW			Nov	22.1	1886			Y) Month	5 Days	Hours	Min.
104	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDU							CITIZEN (OF WHA	T COUNTRY
	Housew	ing`life, even if retired もずる	,	Own hom	na		Wood	-477	_	Md.		US	. A	
13.	FATHER'S NAME	110		Own Hon	110	14. MOT	HER'S MAIDE		-	ATALL A		<u> </u>	-	
	Zachan	ias Dobs	217				Louis	eo D	10+0	O.30				
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	0. 17. 1	NFORMANI		טפ א	/ <u>U U S</u>		ddress			
14	NO	It yes, give wor or dates of s	iervice)		P	chan	t Star	nton	· · ·	ooksv	4770	. ма		
F		TH [Enter only one co	ouse per li	ne for (a), (b), and (c)		WOOT.	u Dual	1101	لو ٧	UUKBY	III.	7	ERVAL B	FTWEEN
		TH WAS CAUSED BY:		DREMIA	,							ON:		DEATH
	450.0	IMMEDIATE CAUSE (d		VICE ILITY									Jer	- ES-
	Conditions, if or		-	ENERALI	200	A	RTERI	MOR	1 12 1	1 4 5 / 10			110	10 to
	gove rise to in	nmediate (/	VEIVE RITCI	660		K IEF	036	LIL JU	0313			150	
	tying couse lost.	he under-												
z		FR SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DE	ATH BUT	NOT RELAT	ED TO THE TE	PMINAL C	DISEASE	CONDITION	GIVEN IN P	APT I(o)	ID WAS	AUTOPSY
E	7			To see		THE REST	10 10 11111	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	71317131	20110111011	017214 1111	AKT IQUI	PERFO	DRMED?
Ę	200 ACCIDENT WA	S HINDERIVING FI	20h DES	CRIBE HOW INJURY O	CCUPPE	D /Fater no	burn of injury	in Port 1	or Port I	Lof item 18.1			YE\$	NO
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH		CRIDE HOW HOOK! C	reconne	o temes no	iore or injury	111111111	0, 10, 1					•
	20c. TIME OF INJURY	· · · · · · · · · · · · · · · · · · ·	gr 20d 1	NJURY OCCURRED	20a PI	ACE OF INI	URY (Home, f	inces 201	L (City o	r temel		(County)		(State)
MEDICAL	Hour o.m.	10	While	Not while	fo	clory, street,	office bldg.,	elc.)	ri şuny e	n lownj		(County)		faratel
X	p. m.		ol wor	k of work	1		, mp.		/		** ·			
П	21. I certify the	at 1 gttended the	deceas		¥		57, 10	-/0	-	, 19.	/			deceased
L	alive on	2/12	, 19	$\underline{\$}$ J , and that	death	accurre	d of 32	A.M.		the cause		the do		
	ACTUAL C) . //	0	0	2		0	ADDR	ESS (Stre	et, city or to-	vn, slate)	Ċ.	D	ATE SIGNED
L	SIGNATURE	elievel	<u>C-</u>	/ Ceynol	ولي_	M D		E M	ST	CHUR	Clt	<u> </u>		
L	PHYSICIAN'S NAME (Type)	ICHARD	C.	REYNULO	s	****	FRE	OER	lck	MA	RYLAI	и1)		
22	BURIAL, CREMATIO	N, 226. DATE THEREO)F	22c. NAME OF CEM	ETERY O	R CREMATO	RY	22d	LOCATIO	ON (City, tow	n, or county	1)	(Sto	le)
E	REMOVAL (Specify)	10/14/	50	Daisy	z_Me	thod	ist		D	aisv.	Ma.			
23.	FUNERAL DIRECTOR	SEIGNATURE /	-	ADDRESS				EC'D BY			GISTRAR'S	SIGNATU	RE	
	allin o	L. Jolean	un	Damas Damas	cus	, Ma	DATE	OCT	1 3 '5	9	Callun	& tu	aud	

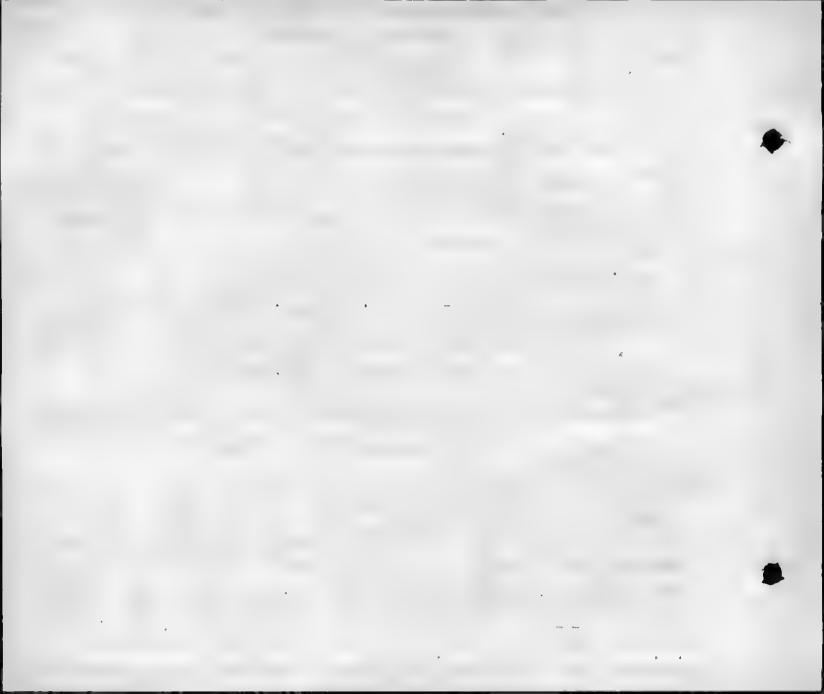
VS A15 (4) 15M 9/55



	~~~~						(eg. Dist. N	10.
1. PLACE OF DEATH o. COUNTY Free	lerick	MARYLAND	2. USUAL RESI	Maryla	ere deceased lived nd	. If institutions	Residence be rederi	efore admission)
b. CITY OR TOWN ( RURAL and give a Brunswich	f autside corporate limits, wri parest tawn) C	ite c. LENGTH OF STAY IN 16	[]	runswi	utside corporate lii .ck	nits, write RUR	At and give r	nearest town)
d. NAME OF HOSPI OR INSTITUTION 305 East	AL (If not in hospital, give she Potomac Street	reet address) et	d. STREET A		t Potoma	c Stree	et	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Wilbur	Eugene Stre	Los SIM	st	4. DATE OF DEATH	Month		Day Year 19 59
5. SEX Male		MARRIED NEVER MARRIED DIVORCED		_		E (In years II		AR IF UNDER 24 HR
10a. USUAL OCCUPATION during most of wor Salesman	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INC. Automobile	USTRY 11. BIRTHP		or foreign country)		12 CITIZEN USA	OF WHAT COUNT
13. FATHER'S NAME Lester S.	Stream	· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S	MAIDEN N				
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		INFORMANT			Addres (Same a		n #1)
	mmediate (	Cardia	my the	The	ma	245		NEET AND DEATH
Z Z	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BE	JT NOT RELATED TO	THE TERMIN	VAL DISEASE CON	DITION GIVEN	LIN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
O (IF EITHER, NOTIFY	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature c	of Injury in P	art 1 or Part (1 of i	item 1B.)		
20c. TIME OF INJUR Hour a. n. p. m.	W	d. INJURY OCCURRED 20e. hile Not white work of work	PLACE OF INJURY ( loctory, street, office	Home, farm, e bldg., etc.)	20f. (City or lov	vn)	(Count	y) (State
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at lattended the decr	eased fram. # 1	th accurred at	6.14 6.14	M, from the ADDRESS (Street, c	causes and	d an the d	saw the deceased at the stated about the stated about the state and the state at th
220. BURIAL, CREMATIC BEMOVAH (Specify)	N. 226. DATE THEREOF	22c. NAME OF CEMETERY Union Cemet			22d LOCATION (	City, town, or o	County) Virgin	(State)
23. FUNERAL DIRECTOR M. R. Etcl		rederick, Mary	and		BY REGISTRAR T 3 0 '59	24b. REGISTR	AR'S SIGNAT	TURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DESCIOS: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 show the metaphore of the phase VS A15 (4) 15M 9/55



VS III15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11381

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 11393

		PLACE OF DEATH COUNTY Frederick	MARYLAND	a STATE	SENCE (Where decease aryland	b. COUNTY			sion)		
	t	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Frederick	c. LENGTH OF STAY IN 16 Since 5/59	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) // Frederick							
March	F	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION rederick Memorial Hospit	oddress)	d street address 257 Dill Avenue  e. Is residence on a farm yes in no							
		VAME OF First DECEASED Type or print) HOWARD	JOSEPH ST	UP, SR.	4. DATE OF DEATH	Mor Oc	tober	18,	Year 19 59		
	\$. S	6. COLOR OR RACE 7. MARR White Widows		8. date of birti		9. AGE (In years last birthdoy) 50 yrs	Months Do	EAR IF UND 195 Hours	Min		
	F	USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  Letized—Farmer  FATHER'S NAME	kind of Business or Indu arm Owner	Mar	yland	country)	US.	A.	IOUNTRY?		
,	11-	avid T. Stup			MAIDEN NAME ter Thomas						
	V		SOCIAL SECURITY NO	NFORMANT	CET. I HOWEST	Add	ress				
	(Yes	and the confidence of the same		s. Lucil	le M. Stup	(Same a	s item	#2)			
	TION	18. CAUSE OF DEATH [Enter only one couse per fit PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  Conditions, if only, which gove rise to immediate Gouse (a), stating the under.  Lying couse lost.  Part II OTHER SIGNIFICANT CONDITIONS C	ente Com tempoles	the H	hornlo	se condition GIV		PERFC	AUTOPSY DRMFD?		
	MEDICAL CERTIFICATION	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d, IN	fo.	D. (Enter nature o	Home, form, 20f (Cil	rt II of item 18 ) y ar town)	(Cou	nly)	(State)		
	MED		k ot work			A	3				
		21. I certify that I attended the decease olive an 195 ACTUAL SIGNATURE	and that death	accurred at		the causes an Street, city or town,	nd an the c stote)	late state	d abave. TE SIGNED		
1		PHYSICIAN'S Henry V. Chase,	M. D.	Fred	erick, Md.						
	220 E	BURIAL CREMATION, 226. DATE THEREOF 10-21-59	22c. NAME OF CEMETERY Of Mount Olivet			TION (City, lown, erick, Ma		(Sto	te)		
		FUNERAL DIRECTOR'S SIGNATURE  1. R. Etchison & Son, Free	derick, Maryla	nd	246. REC'D BY REGIS	OCT 2 0 '59	STRAR'S SIGN	ATURE	Franks		



		lar,	W.T.		
ĵ		dire	instached far use as the burial-transit permit. Then please remave carbon papers. Pages I and Should be filled with	/	
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2	ed b	ì	i	the registrar proof to burial, crematian, ar removal, and in any event within 72 haurs after death.	
Y.	retair	ALD	hou	(ros)	
2	å A	UNES	ge 3	regi	
9	may be retained by the haspital or attending physician.	TO FUNERAL DESIGNOR: After this certificate has been signed by the attending physician and campletely filled in	mous E abod 455	the	
V	S /	415	55	)	

		4 -	38	CERTI	IFICA	ATE OF D	PEATH			Reg	Dist. No	D.	_
	PLACE OF DEATH FR	EDERIC	K,	MAR	YLAND	2 USUAL RESID	4 (	CHWI)			-	are admiss	
Г	b. CITY OR TOWN (If or RURAL and give neare		ts, write	c. LENGTH OF STAY	IN 1b		·	utside corpo	rote limits, wr	ite RURAL	and give n	earest town	n)
L	Freder	ick		3 days		10	DANC	-					
	d. NAME OF HOSPITAL OR INSTITUTION	-REDERY	2.1	EMCRIAL 1	Hosp	d. STREET A	DDRESS HYER	svice	.E			o. IS RES	SIDENCE FARM? NO 2
L	NAME OF DECEASED	Fir	-	Middle	1	Loss		4. DATE Of		Month	C	day .	Year
⊢	(Type or print)		LUE	KINA			MERS	DEATH		10	(	*	1937
5.	sex Female 6	white	7. MARR WIDOWE	DIVORCE		8. DATE OF BIRTH	3/8	7	9 AGE (In y last birthd	eors IF UI ay) Mar yrs.	oths Days	Hours	ER 24 HRS. Min
100	USUAL OCCUPATION during most of working	(Give kind of wark i	done 10b.	KIND OF BUSINESS	OR INDUS	STRY 11. BIRTHPL	ACE (Stole o	or foreign co	ountry)	13			COUNTRY
ŀ	ousewife			n home		Mary	rland				U.S.		
	FATHER'S NAME					14. MOTHER'S							
	amuel J.						ee Gr	een					
	was deceased ever in the property of the prope	N U. S ARMED FOR es, give wor or dotes of s		SOCIAL SECURITY NO	Mrs	John	Glad	hill	, Wood	Address ISDOI	co, M	id.	
Г	18. CAUSE OF DEATH		use per lin	4	* 1		<i>,</i> 0					TERVAL BE	
	PART I. DEATH	WAS CAUSED BY: WEDIATE CAUSE (o	H	rteriosclen	otic	Kenul	115	resse				year.	
	Conditions, if any,		- 14	rteviosele	vo SI	s den	eval	red				1/ear	<b>'</b> S
	gove tise to imm coese (a), stating the lying cause last.	ediole (		ahetes	m	ellitus						year	<b>'</b> S
CERTIFICATION	PART II. OTHER	SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	ECONDITION	I GIVEN IN	PART 1(o)		AUTOPSY DRMED?
CERTIFI	200. ACCIDENT WAS LOR CONTRIBUTING OF	CAUSE OF DEATH	20b. DESC	CYRULAI WOH BBIRD	OCCURRE	D. (Enter noture of	finjury in P	art t or Part	t It of item 18	-)			
MEDICAL	20c. TIME OF INJURY Hour g. m. p. m.	Month, Day, Ye	ar 20d. Il While	Not while	20e. PL/ foc	ACE OF INJURY (I	Home, form, bldg., etc.	20f. (City	or town)		(County	')	(State)
-	21. I certify that	I miteraled the		- (0	1/2	. 1959	- to	10/0	4 10	C9 11.	. 1 1 t	an a than	dessess
	alive on 10	L L	10			accurred at			f 17. n the cour	er and a	un tha d	ata etat	decease
	alive dil	7		A dila ma	i deam	accorred ac.			ir inte caus Ireel, city or h		an me d	uie siuii Di	AȚE SIGNEI
	SIGNATURE KEE	Gard C	. /	Lynolds	,	M.D. 9	E.	CIFU	RCH S	7.		10	15/59
	PHYSICIAN'S	icitario	e.	REYNOLD	5		FREI	ne RIC	ile, t	4.0			
22	BURIAL CREMATION.	226. DATE THEREO	)F	22c. NAME OF CEN		R CREMATORY			TION (City, to	wn, or cou	niy)	lo12)	ie)
	REMOVAL (Specify)	10/7/19	59	Harmo	ny (	Cemeter	У	Fred	erick	Co.	, Mar	ryla	nd
	FUNERAL DIRECTOR'S S		1/1 2	ADDRESS	377		24a, REC'E	BY REGIST			S SIGNATI		
	Gladhill (	company,	Mid	dletown,	Md.		DATECT	8 '59	- C	Nimet 2	Kraud	1	



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CERTIFICATE OF DEATH

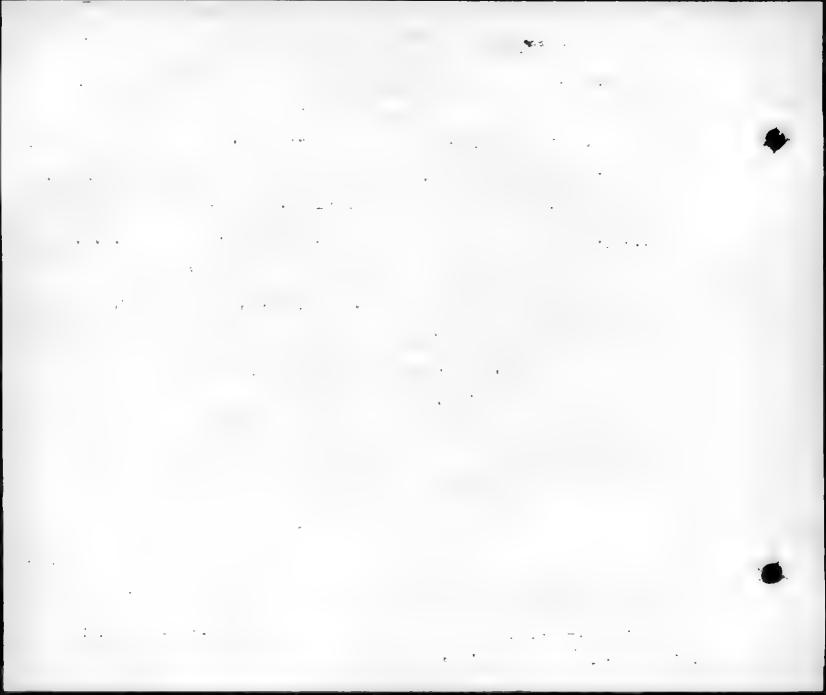
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E	-	page 3 should be	the registrar prior to bunal, cremation, ar removal, and in any event within 72 hours often de	
-		24		

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

VS A15 (4) 15M 9758

executed within 24 haurs, after death.

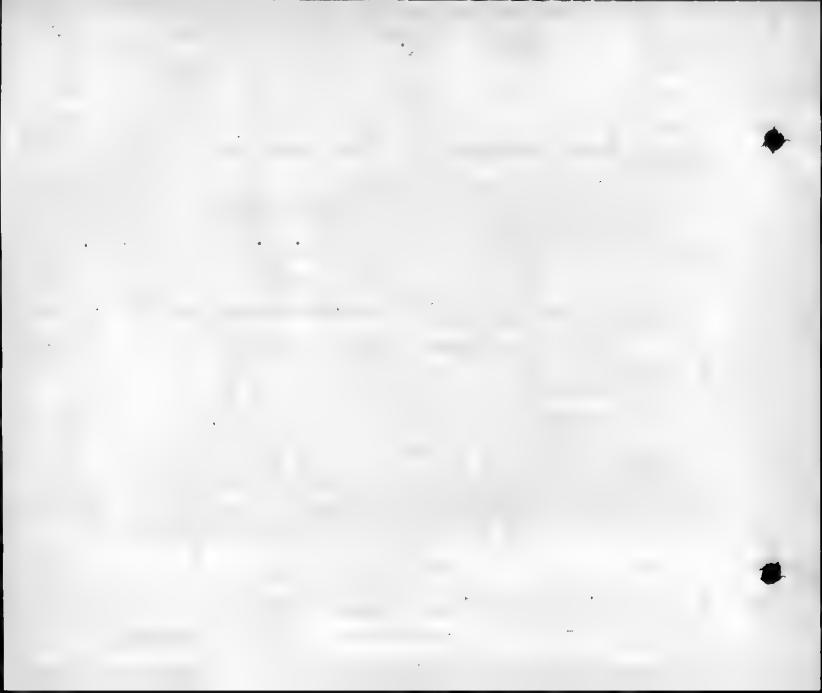
Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY g. STATE b. COUNTY MARYLAND Frederick Maryland Fraderick b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give neares) town) c. LENGTH OF STAY IN 1b RURAL and give nearest town)
Frederick Brunswick d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital Park Avenue YES NO BY NAME OF 4. DATE First Middle Manth Yegr Day DECEASED Beulah 159 M. Thompson 10 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Haurs Female. White 11-18-1895 WIDOWED # DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) West Virginia U.S.A. House wife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Kidwilder Mary Long INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address No. Brunswick, Maryland Mrs.Marv Cooper. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY HOURS 0/= IMMEDIATE CAUSE (o) **DUE TO** ERIN SCLEROSIS Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the under-MELLITUS lying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES INO IT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f, (City or town) (County) (State) factory, street, office bldg., etc.) Haur a.m. While Not while p m. at wark at wark 21. I certify that I attended the deceased fram. Ithat I last saw the deceased and that death occurred at. M, fram the causes and an the date stated abave. ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Park Heights Brunswick, Maryland Burisl 10-1 ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR Brunswick, Maryland OCT 1 6 '59 arthur S. Krous



VS. A15ME(S)

5M 9/55

		MARYL	AND STA	TE DEPARTM	ENT OF HEALT	H-BALTI	MORE, 1	8	4 45.46
ı		ME	DICAL E	XAMINER'	S CERTIFICA	TE OF D		Reg. Dist. P	11397
1,	PLACE OF DEATH a. COUNTY	Frederick	9-0	MARYLAND	2. USUAL RESIDENCE (No. STATE Mail	Where deceased li	ved. If Institution b. COUNTY		perform admission)
	Freder.	If outside corporate limits, write ${ m PC} k$		ength of stay in 16 40 years	c. CITY OR TOWN (I	autride corporat	e limits, write Ri	JRAL and give	nearest town)
		rai or institution (		give street address)	d. STREET ADDRESS 22IWest I	Patrick	Stree	t	IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Louis	t	Daniel	Tomlin	4 DATE OF DEATH ()	Month ctober	24	y Year 19 59
5.	Male	6. COLOR OR RACE White	7. MARRIED 10 WIDOWED [	NEVER MARRIED [] I		k	and the second second	Aonths Days	R IF UNDER 24 HRS Hours Min.
10	during most of work	ION (Give kind of work of the life, even if retired)  TEG Mill E	nployee	OF BUSINESS OR INDUS	Phila. I	- ,	γ)	U.S.	OF WHAT COUNTRY
13	FATHER'S NAME	Cinter	m			NAME	chr		
15	WAS DECEASED E	VER IN U. S. ARMED FOI (If yes, give wor or dotes of t	annual .	- IO-5646	Mrs. Phoebe	Mae Tom	Address lin Fre	ederick	,Maryland
	PART I, DEA	ATH [Enter only one county ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		onary Thro	ombosis			10	rerval between user and death 2 hours
	Canditions, if gave rise to immedia, stating the cause last.	any, which (b)							
CERTIFICATION			DITIONS CONTRIB	BUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INALDISEASE CO	NDITION GIVEN	LIN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NOTE
-	20g. EXTERNAL CA PRIMARY ☐ or CC CAUSE OF DEATH				Enter nature of injury in Par	1 I ar Part II af it	em 16.)		
MEDICAL	20c TIME OF INJU Hour a.m. p. m.		White	Y OCCURRED 20e. PLA Nat while at work	CE OF INJURY (Home, form ary, street, affice bldg., etc.	n, 20f. (City or t	own)	(Caunty)	(State)
		that I took charge d fram: Natural (	_	_	ove, held an Autops icide [], Homicide	_	ection 🔀, termined ca		(), and find the
	ACTUAL SIGNATURE	BOok	<i>~~~</i>	03/	M.D. CHIEF MEDICAL E	_			DATE SIGNED
	EXAMINER'S NAME (Type)	B.O. Thom	as,M.D.		ASSISTANT MEDIC DEPUTY MEDICAL		Octobe	r 25.	1959
22	BUTIAL CREMATIC REMOVAL (Specify BUTIAL	on, 226. DATE THEREO 10-27-19		NAME OF CEMETERY OF			ick, Ma:	county)	(State)
23	Mobert C	R'S, SIGNATURE	/	address terick, Mary	240. REC	D BY REGISTRAR CT 2 7 '59	24b. REGISTR	LAR'S SIGNAT	



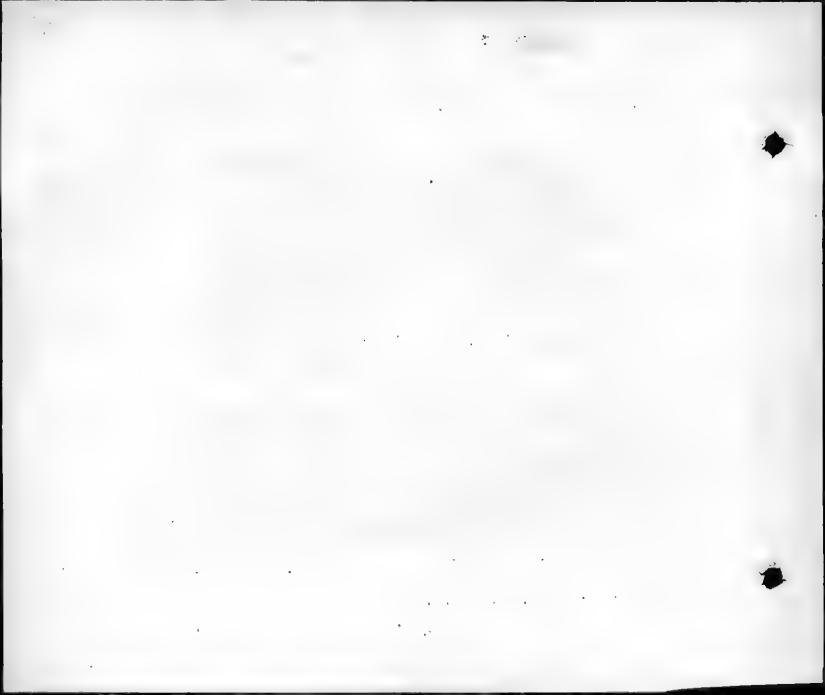
1417	CERTIFICATE	OF DEAT
1417	CERTIFICATE	OI DEAL

11398 Rea. Dist. No.

	~ ~ ~ ~ ~ ~ ~						
1. PLACE OF DEATH o. COUNTY	and als		MARYLAND	o. STATE	here deceased lived. If institution b. COUNTY	_	before admission)
L CITY OF TOWN	IETICK (If outside corporate limits	s. write	c. LENGTH OF STAY IN 15		Outside corporate limits, write R		
RURAL and give	nearest town)	.,,,,,		· ·	· ·	THE ONE SI	in the second to the
Rural My			2 weeks		Myersville		
OR INSTITUTION	ITAL (If not in hospital, gi	ve street	oddress)	d. STREET ADDRESS			on a farm? YES NOT
3. NAME OF	Firs	t	Middle	Last	4. DATE Mon	th	Day Year
(Type or print)	Cora		J.	Toms	DEATH	1.0	14 1959
5. SEX .		7. MARR		B DATE OF BIRTH	9. AGE (In years		YEAR IF UNDER 24 HRS
female		WIDOW		9/24/1892	lost birthdoy)	Months D	Pays Hours Min.
						12 CITI71	EN OF WHAT COUNTRY
during most of wo	rking life, even if retired)		KIND OF BUSINESS OR INDU	Maryla	. A		.S.
housewii	1 e	101	wn home			0	• • •
1				14. MOTHER'S MAIDEN			
James Ja					n Holmes		
15, WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCE  (If yes, give war or dates of set	CESP 16.		NFORMANT	Add		2
no			He	rman S. Tor	ns, Myersvill	le, Mo	1 •
18. CAUSE OF DE	ATH [Enler only one cou	ıse per lir	ne for (o), (b), and (c).]				INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Car	cinoma of P	0202000			ONSET AND DEATH
157X	DUE TO	041	CTITOHO OF T	and Learz			<del>2-20</del>
Conditions, if	immediate						
couse (a), stating	the under: DUE TO						
lying couse lost							
PART II. OT	THER SIGNIFICANT CONE	OTTONS C	CONTRIBUTING TO DEATH BUY	NOT RELATED TO THE TERM	AINAL DISEASE CONDIT ON GIV	EN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
200, ACCIDENT WOR CONTRIBUTION	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Part I or Part II of item 18.)		
20c. TIME OF INSU		r 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	m, 20f (City or town)	(Co	unty) (Stote
20c. TIME OF INSU Hour o. m.	10	While	Not while to	ctory, street, office bldg., at	c.)		
					0.71		
					0-14		
alive an	0-12	, 12	59 , and that death	accurred alas 30.	PM, fram the causes an		
	Rollin I	Re	*2-		ADDRESS (Street, city or town,	stote)	DATE SIGNED
ACTUAL SIGNATURE	0-0, -(00) 21-7 0	7 8		M.D. Smiths	burg, Md.		10-15-59
PHYSICIAN'S NAME (Type)	Charles F	He.	ag M D	man and a sale and an an in the man and an an an an an			
	ON, 22b DATE THEREOI		22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, o	or county)	(Stole)
REMOVAL (Specify	10/17/	1950			Waynesboro		1
23. FUNERAL DIRECTO	R'S SIGNATURE	-//	ADDRESS		D BY REGISTRAR 246. REGIS		NATURE
		784	Adletown Md		OCT 2 0 '5	0	Catha 8 4
TI SOUT I	1 LEMMOSD W	17 1	TO DESCRIPTION OF THE	- DATE			THE PARTY OF THE

after death. Page 4 in the funeral director, and 2 should be fitted with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 harmy be reterned by the hospital ar attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shourd 5e detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.



173

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11418 CERTIFICATE OF DEATH R	11399 eg. Dist. No.
1	1. PLACE OF DEATH o. COUNTY  Frederick  AMARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: o. STATE  Maryland b. COUNTY	Residence before admission) Frederick
	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Foxville  C LENGTH OF STAY IN 1b  C CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  The start of the	***************************************
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Mary Virginia Toms Lost 14. DATE Month Octobe	r 2 Pear 19 59
		UNDER 1 YEAR IF UNDER 24 HRS Janths Days Haurs Min.
	Housewife Own home Maryland	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	
	Simon P. Kuhn  Amelia Harrison  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  Address	
	(feet no or unknown) (fit yes give wor or dates of service) No Ulysses S. Toms Lan	
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the under- lying couse last.  (c)	672
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN	IN PART I(0) 19 WAS ALTOPSY PERFORMED? YES NO 12
	OR CONTRIBUTING I CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	vej
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED While at wark at at	(Caunty) (State)
1	21. I certify that, I attended the deceased from March J. 1957, to State 251959the alive an Seatt 25, 1959, and that death occurred a 10 H, M, from the causes and a ADDRESS (Street, city or lown, stall SIGNATURE M.D. 502 F. MAIN M.D. M.D. MAIN M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D	
	220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) 10-4-59 Mt. Bethel Cemetery Garfield, 1	ounty) (Stole) Maryland
	Illiamonde & Latera	AR'S SIGNATURE



CERTIFICATE OF DEATH

11400

		114	9	CERTIFIC	AIE OF DEAT		Reg. Dist. No.	
1. PL o.	ACE OF DEATH COUNTY	derie	l.	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUN		idmission)
b.	RURAL and give n	outside corporate earest town)	limits, write c. 1	LENGTH OF STAY IN 16	X c. CITY OR TOWN III	outside corporate limits, write	RURAL and give neares	I fown)
d.			al, give street addre	ess) J	d. STREET APORESS			IS RESIDENCE ON A FARM? ES [2] NO [
DE	AME OF ECEASED ype or print)	IDA	First	A E	ANTOSSEN	4. DATE MOF DEATH	togith Day	Year 19-5-9
5. SE	*F	6. COLOR OR RA	VIDOWED	NEVER MARRIED	7 May 19. 19	9. AGE (In year last birthday)	Months Doys H	UNDER 24 HRS.
10a. l	dyring most of wor	king life, even if rel	ork done 10b. KIND lired)	OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF V	VHAT COUNTRY
	John	a. B	idding	ger	14. MOTHER'S MAIDEN I	Eares		
15. V (Yes,	or unknown	R IN U. S. ARMED (If yes, give wer or date	FORCES? 16. SOC at of service)	AL SECURITY NO 17.	informant . allow W.	bu Essen	Woods for	o md
ī		ATH (Enter only on ATH WAS CAUSED I IMMEDIATE CAUS	BY: SE (a)	r 10), (b), and (c).]	ıbısı		ONSET	AL BETWEEN AND DEATH
	Conditions, it a	ny, which }	(b) at	enselen	tic cardinas	was durane	10,	your
	gove rise to i couse (a), stating lying couse lost.		E TO (c)					<i>O</i>
CATION	PART II OTI	HER SIGNIFICANT	felron	o linghus				WAS AUTOPSY PERFORMED? ES NO
CES	OR CONTRIBUTING	AS UNDERLYING ( CAUSE OF DEA MEDICAL EXAMIN	ATH	E HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Port II of item 18 )		
MEDICAL	Oc. TIME OF INJUI Hour o. m. p. m.	lY Month, Day,	While	Y OCCURRED 20e. Not while at work	PLACE OF INJURY (Home, farm factory, street, affice bldg , etc	n, 20f. (City or town)	(County)	(Stale)
1 1	21. I certify thative an		the deceased f		-	10/22 , 195 4 M, from the couses	S,that I last saw s and an the date	
1	ACTUAL SIGNATURE	Jonna	S. Kon	un Pr	m.o. Wa	ADDRESS (Street, city or low	n. state)	DATE SIGNED
	PHYSICIAN'S NAME (Type)	AMES	E, S	TONER, }	v,			
10	BURIAL, CREMATIC REMOVAL (Specify)	Oct. 2	- 102	Chapel	Cemetery	Mr. Fiber	ytour.	(State)
23 Ft	UNERAL DIRECTOR	's SIGNATURE	- 102	ADORESS /	Do med CATE	DCT 2 7 '59 246. RE	GISTRAR'S SIGNATURE	A

the funeral director, should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death; Page 4 TO FUNDATION OF THE PROPERTY OF THE CONTROL OF THE OFFICE OF THE OFFICE OF THE CONTROL OF THE CO VS A1S (4) E5M 9/55

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## CERTIFICATE OF DEATH

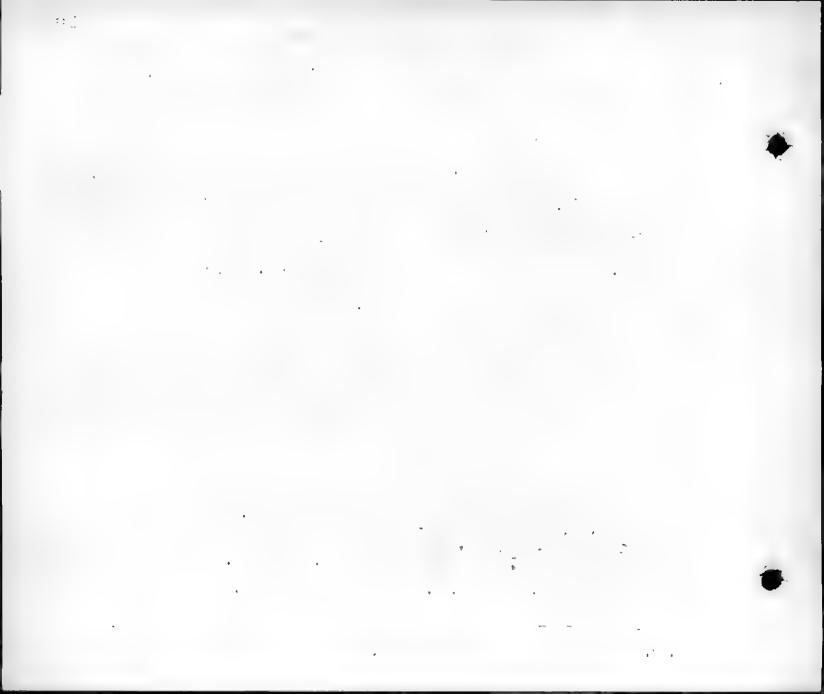
Ŀ		بال عدر شد	100			Reg. Dist. I	No.
1	o. COUNTY Fre	ederick	MARYLAND	2 USUAL RESIDENCE (W	there deceased lived. If insti- and b. COUN	Pulson Residence b	efore odmission)
	b. CITY OR TOWN (I RURAL and give ne Freder	f outside corporate limits, w acest (own) "ICK	Since-4/39		outside corporate limits, write ystown	te RURAL and give	nearest town)
	d. NAME OF HOSPIT OR INSTITUTION Maryland Oc	AL (If not in hospital, give s dd Fellows Ho	street oddress}	d STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
	l. NAME OF DECEASED (Type or print)	First ANNIE	Middle EDITH	WACHTER	OF _	Month tober 1	Doy Year 3, 19 59
	Female	Sec. 4.1.	MARRIED NEVER MARRIED DOWED A DIVORCED	B. DATE OF BIRTH  3 Sept 1866	9 AGE (In ye lost birthdo		AR IF UNDER 24 HRS S Hours Min
	during most of work	PN (Give kind of work done ing life, even if retired)	At Home	JSTRY 11 BIRTHPLACE (Stort		12 CITIZEN US	OF WHAT COUNTRY?
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN			
L	Jacob E.				C. Miller		
		R IN U.S. ARMED FORCES! If yes, give wor or dates of service	None M	informant laryland Odd F		Same as	item #1)
		TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per line for (o), (b), and (c).  Coronary Thrombo	osis			NTERVAL BETWEEN ONSET AND DEATH 2 Hours
	Conditions, if or gove rise to it couse (o), stoting lying couse last.	ny, which (b)					
	PART II. OTH	ER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	AINAL DISEASE CONDITION	G VEN IN PART 1(c	19 WAS AUTOPSY PERFORMED? YES NO 1
ı	OR CONTRIBUTING	S UNDERLYING [] 20b  CAUSE OF DEATH MEDICAL EXAMINER)	, DESCRIBÉ HOW INJURY OCCURR	ED (Enter nature of injury in	Port I or Port II of item 18.)		
	20c. TIME OF INJUR Hour o. m.		20e. P  White Not white of work of two	LACE OF INJURY (Home, for octory, street, office bidg; et	(c.)	(Coun	ty) (5tote)
	21. I certify the alive an	ot I attended the de Oct. 13,	ceased from 1959, and that deat	1949, to h accurred at 3:35 F M.D. 4 E. Chur	M, fram the causes ADDRESS (Street, city or to	and an the do	aw the deceased of the stated above.  DATE SIGNED of 1959
	tana (a) baa	Villiam M. Sm	nith, M. D.	Frederick			
	BULL Specify)	19-17-59	Mount Olive		Frederick,		(Stole)
2	3. FUNERAL DIRECTOR'S M. R. Etc.	s signature nison & Son,	Frederick, Maryl	and DATE	OCT 19 59 246. R	EGISTRAR'S SIGNA	PURE

may be reby the haspital or attending physician.

O FUNERA: RETOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 show. Le detached for use as the burial-transit permit. Then please reprotectaban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO FUNERA VS A15 (4) 1SM 9/58

TO MOSPITAL OR ATTENDING MAYINGEN: The law requires that the dwath certificate be executed within 2# hg

#fter Beath, Pag≡ 4



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prior to buriol, cremotion, or removal, and in ony

The registrar

	- MARYI	AND STATE DEPARTA	MENT OF HEALTH	-BALTIM	ORE, 18	11/100
,	11420	CERTIFIC	ATE OF DEATH	1	Reg. D	11402 list. No.
1. PLACE OF DEATH a. COUNTY	101 215 (	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE		. If institution Reside	DERICA
b. CITY OR TOWN RURAL and giv	N (If outside corporate limi e nearest town)	is, write c. LENGTH OF STAY IN 16	X BRANDOC	outside corporale lin	nits, write RURAL and	give nearest tawn)
OR INSTITUTION		ive street address)	d. STREET ADDRESS	HTS.	MD.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF (Type or print)	P. Fir	Middle	White	4. DATE OF DEATH	Month	27 1957
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF BIRTH	60 .9	birthday) Months	R 1 YEAR IF UNDER 24 HRS  Ogys Hours Min.
RETIREN	ATION (Give kind of work of working life, even if retired)	THOUSEUGH BKED	A	or foreign country)	LLEY DA	U, S. A.
13. FATHER'S NAME	MOS WIH	ITE	14. MOTHER'S MAIDEN N	RIET :	FENT	) N
(Yes, no. or unknown)	EVER IN U. S. ARMED FOR		INFORMANT  ITS. SEAN MI	BAST B	Address RADDOCK	415. A.D
	DEATH (Enler only one co DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO	* * * *	minne	nia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, i gove rise to catse (a), stati lying couse la	ng the under DUETO	General	ne 7 for	in sole	wis	1 year
PART H.	OTHER SIGNIFICANT CON	DITIONS CORTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [2]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of Item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day.

Year 20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

ADDRESS (Street, city or lawn, state)

(County)

MEDICAL

CERTIFICATION

Not while Hour a.m. While at work at work p. m.

(Stote)

alive an 2

21. I certify that I attended the deceased from

and that death accurred at 125 A.M. from the causes and an the date stated above.

1955, that I last saw the deceased

DATE SIGNED

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION,

REMOVAL (Specify)

22b. DATE THEREOF

22c NAME OF CEMETERY OR CREMATORY

22d, LOCATION (City, town, or county)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS DOS MISBORD

24s. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

59 DATINGY 3

VS A15 (4) 15M 9/SS



VS A15 (4) 15M 9/5B 11403

Reg. Dist. No.

1. PLACE OF DEATH			MARYL	AND	o. STATE	,	_	l lived. If institut- b. COUNTY		before adn	nission)
	erick		,			ryls			Frede		
<ul> <li>b. CITY OR TOWN (If outside RURAL and give nearest to</li> </ul>	corporate limi	ls, write	c. LENGTH OF STAY IN	N 16	c. CITY OR T	OWN (If a	utside corpo	rote limits, write I	URAL ond gr	ve negresi k	awn)
Middletown	.,		3 mont	hal	X Lide	deto	านกา				
d. NAME OF HOSPITAL (If no	ot in haspital, g	nve street		**	d STREET A		V. 17.4.4				RESIDENCE
OR INSTITUTION					/						A FARM?
3. NAME OF	Fir	st	Middle		Lost		4. DATE	Mai	•th	Day	Year
(Type or print)	Geo	rge	P.		Wiles		OF DEATH	10		18	19 59
5. SEX 16. CO	LOR OR RACE	- 0 -	RIED NEVER MARRIED	vo li	B. DATE OF BIRTH		1	9 AGE (In years	IF UNDER 1		
			_		S. OATE OF BIRTS	0.6	1	lost birthday)		ays Hou	
	te	WIDOWI			4/7/18	363_		96 yrs.			
10a. USUAL OCCUPATION (Given during most of working life,	kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (State	or foreign co	ountry)	12. CITIZ	EN OF WHA	T COUNTRY
farm owner.		'	farm		Ohio				T	s.S.	
B. FATHER'S NAME					14 MOTHER'S		IAME			0 100 0	
Thomas Wile	s							bitti			
15. WAS DECEASED EVER IN U.	S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	100	FORMANT			Add	ress		
(Yes, no, or unknown) (If yes, go	war or dates of s	ervice)	nono	200	rge E.	Walle	20 74	14476+6	7.m 1	7.3	
110			none	heo	rge E.	Wile	35, M	iddleto	WII 9 I	ld.	
18. CAUSE OF DEATH [En	ter only one co	use per li	ne for (o). (b), and (c).]		// .	· C	1			INTERVAL	BETWEEN ND DEATH
PART I. DEATH WAS	CAUSED BY:	10	monelino	ol	anteri	. Ich	22021	12		OHJE! A	4D OLAIN
450.0	DUE TO		- Carriege	<u> </u>	-01.1	-					
		/									
Canditions, if any, wh		1									
gove rise to immedia couse (a), stating the und		)									
lying couse lost.	(c	1									
Z PART II OTHER SIGN			ONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMI	NAL D SEASI	E CONDITION GE	VEN IN PART	1(o) 19. W	AS AUTOPSY
011							,			PE	REORMED?
0										TES	□ NO E
PART II OTHER SIGN  200 ACCIDENT WAS UND OR CONTRIBUTING II CAL (IF EITHER, NOTIFY MEDIC)  20c. TIME OF INJURY Mon Hour a. m. P. m.	SE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED	), (Enter noture of	finjury in F	Part I or Part	t II of item 18.)			
3 20c. TIME OF INJURY Mon	th. Dov. Ye	or 20d II	NJURY OCCURRED 2	20e. PLA	CE OF INJURY (F	lome, form	20f. (City	or town)	IC	ounty)	(Stote
Hour a.m.	10	White	Not while	foc	tory, street, office	bldg., etc	) [		1	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
₹ p. m.	13	of war	k ot work				1				
21. I certify that I.a	ttended the	deceas	ed fram		19	to C	8cx 1	8 1259	that I las	t saw the	decease
alive on Och	11	10			accurred at	and the same of	At farm	/			
dilve oil	7-8	,   Z_	, and mai c	aeain	accorred al			the causes ar			DATE SIGNE
Lacrona.	1 5	1	11 /	_	_	ma'	- CESS (SI	lreet, city or town	storej	, ,	ATE STONE
SIGNATURE	1	MU	u Harp		M.D	1/1	RAI	crown	)	10-1	4-11
	//										
PHYSICIAN'S NAME (Type) Dr . /	r. Elm	er H	arp		I	lidd]	Letow	n, Md.			
220 BURIAL, CREMATION, 226	DATE THEREC	)F	22c. NAME OF CEMET	TERY OF	CREMATORY		22d, LOCA1	TION (City, town,	or county)		State
REMOVAL (Specify)	1/00/7	059			-				* * * *	(-	
burlal 110	1/20/7	7.77	Lutheran	Ce	metery		hid	MACO VY IIA	7		
23. FUNERAL DIRECTOR'S SIGNA		7.1	ADDRESS	7.0	,		D BY REGIST		ISTRAR'S SIG	NATURE	
Gladhill Co	ompany	, Mi	ddletown,	Md	•	DATEOC	7 2 1 '59	3 Ch	Chur S. f.	trans	



FREDERICK.

MARYLAND.

PLACE OF DEATH a. COUNTY FREDERICK MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 FHE SERICK STADOCK LIFETIME d. NAME OF HOSPITAL (If not in hospital, give street address) 090 OR INSTITUTION VINDOBONA NURSING HOME. NAME OF DECEASED DAISY MARIEN T STATER THE AND CONTRACT (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX Female White June WIDOWED IN DIVORCED [7] papers. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) homemaker carpon 13. FATHER'S NAME physician Jacob Franklin Thomas Grove Move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT IYes, no. oc unknown) None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ā PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO permit. Conditions, if any, which ] gove rise to immediate DUE TO catise (a), stating the underlying couse lost 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED While Q. m. Not while at work at work 21. I certify that I attended the deceased from del by 5 ACTUAL SIGNATURE LAWRENCE FAHRNEY PHYSICIAN'S NAME (Type) TO FUNERA 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OLIVET CEMETERY 23. FUNERAL DIRECTOPS SIGNATURE ADDRESS

DAILEY'S FUNERAL HOME

VS A1S (4)

1SM 9/55

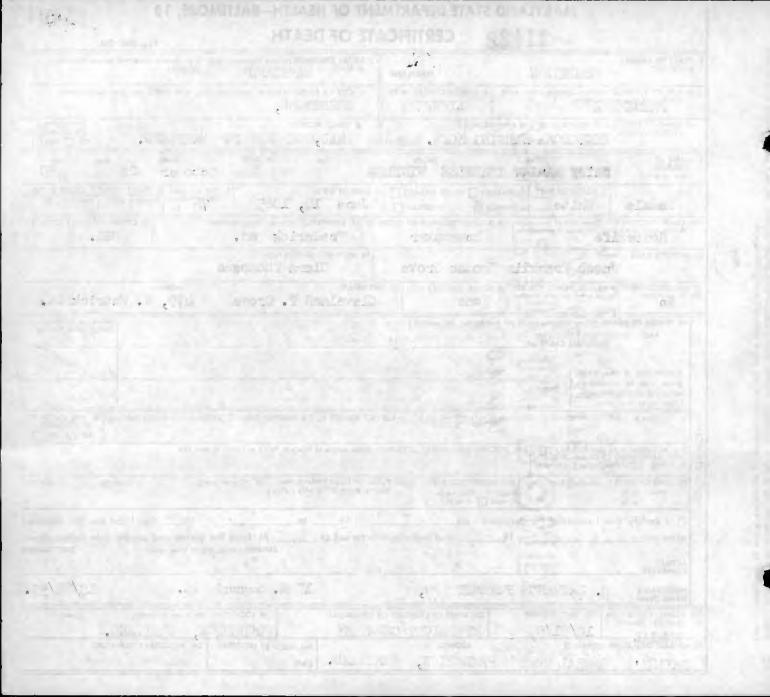
Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) FREDERICK. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? BRADDOCK HEIGHTS MARY LAND. YES TI NO T 4. DATE Month Year OF DEATH October 28 1059 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 14. 1885 Months Davi Min. YES 12. CITIZEN OF WHAT COUNTRY? USA. Frederick md. 14. MOTHER'S MAIDEN NAME Clara Thompson Address Cleveland T. Grove 479. W. Patrick St. INTERVAL BETWEEN ONSET AND DEATH deur PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1) of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) 1, that I last saw the deceased and that death accurred at 3: 72 M, from the causes and an the date stated above. E. Second 22d. LOCATION (City, town, or county) (State) FREDERICK MARY LAND

24g, REC'D BY REGISTRAR

DATE MOV 3

24b. REGISTRAR'S SIGNATURE

arthur S. Thous



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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